

# *Training Moms To Help Moms*



**WIC Breastfeeding Peer Counselor Manual  
for Instructors**

Stock #13-140

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Stock Number 13-140



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## **WIC Breastfeeding Peer Counselor Training Manual**

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**Texas Department of State Health Services**

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*Example of Hospital Peer Counselor Description*

*Example of Hospital WIC Volunteer Counselor Orientation Checklist/Expectations*

*TDH Policies*

*Related documents*

## Acknowledgments

The Texas Breastfeeding Peer Counselor Program Training Manual is indebted to many programs involved in similar work throughout the United States. Our hope is that we continue to share with each other and expand our considerable knowledge base.

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Jeanne Byler Mitchell  
Jewell Stremmer



# Introduction

## ***Concept***

This manual was written as a guide for training breastfeeding mothers in the WIC Program to help other mothers breastfeed. The idea at the heart of the Peer Counselor Program is that as peers these mothers have an ability to help and influence other mothers that we do not have as health professionals. The training provided here will help the counselors go beyond their own experience and give mothers in normal breastfeeding situations information and support based on current research and a consensus of knowledge from breastfeeding experts.

*When the peer counselor encounters a mother and baby with a problem outside the realm of normal breastfeeding she will need assistance from the WIC Nutritionist, the WIC Breastfeeding Coordinator, a lactation consultant, a nurse, or the breastfeeding mother's physician. Referral is a key role of the peer counselor and they must be trained to feel confident in their ability to make immediate appropriate referrals when necessary. When a breastfeeding concern is not resolved within 24 to 48 hours or when the peer counselor recognizes a problem beyond her expertise, she must have immediate back-up support. Throughout this manual the symbol 999 will indicate referral situations.*

WIC staff in our programs have found that peer counselors and health professionals are the perfect compliment to promote breastfeeding among WIC mothers.

## ***Class Format***

The format of this manual accommodates a 20 hour training course. It is broken into five sessions of four hours each.

The class presentation is centered around commonly asked breastfeeding questions. Each section begins with one or more questions that can be used initially to stimulate discussion. The rationale for this presentation style is to make the training as interactive as possible. Research shows optimum learning and information retention take place when students "practice" or participate in learning activities, and lecture is the least effective teaching style.

The questions place the student in situations similar to those she will find herself in as a peer counselor. She is introduced to the information in the context of the everyday questions and concerns she will be hearing from pregnant and breastfeeding WIC mothers.

Beginning with the second session, each class opens with a review of the instruction from the previous day. The daily review is made up of questions that follow the outline of the class. The daily review will alert instructors to material they need to clarify for the counselors.

## ***Text and Materials***

A large part of the training is based on the text, The Womanly Art of Breastfeeding published by La Leche League International. The La Leche League International Breastfeeding Answer Book is meant to be used, by the counselors, as a quick reference when helping moms. The Breastfeeding Answer Book is used along with The Womanly Art of Breastfeeding during Class 2 when proper latch-on and positioning is presented and during Class 4 when special circumstances are discussed. Counselors learn to use The Breastfeeding Answer Book as a reference. Handouts are provided with each class. Pamphlets, audio visuals and other teaching materials are listed on the Materials Needed and Resources Guide in the front of the manual. Add any materials available for your clients during applicable class sessions. Time is allotted during class 5 to review any materials not covered in previous sessions.

## ***Graduation***

A graduation ceremony, with counselors inviting their family and friends, will be a proud moment for your moms and will help them begin their work as peer counselors with added self-esteem. Examples of peer counselor training certificates are included with the Class 5 handouts.

## ***On the Job Mentoring***

After the training, on the job mentoring is a crucial next step. Plan to meet your new counselors at the clinic on their first day, make sure their clinic supervisor spends some time with them, or assign them to an experienced peer counselor to follow until they feel comfortable in their new roles.

## ***Administrative Forms***

Forms for the administration of the Peer Counselor Program are also included in the Example Documents, Administrative Forms and Certificates section. These include a Peer Counselor Recommendation Form to be used in recruiting peer counselors, and several forms to be used in reporting your progress to the State Agency Peer Counselor Coordinator. Counseling forms are included in the Class 3 Handouts.

# Designing A Peer Counselor Program

## *How do you choose peer counselors?*

### **Select mothers who:**

- < are receiving WIC or have received WIC in the past
- < have successfully breastfed at least one baby; do not have to be currently breastfeeding
- < have the ability to communicate with strangers
- < have the ability to organize thoughts and present accurate information
- < have the ability to document and keep accurate records
- < are from the same cultural and ethnic background as the majority of WIC participants at the WIC site where they will work
- < are enthusiastic about breastfeeding
- < have a desire to share that enthusiasm
- < can give a one year commitment
- < can work 4–5 hours per week
- < have telephone availability
- < have access to reliable transportation
- < are good parenting models
- < are able to reflect a positive image for WIC

## *What are the responsibilities of the peer counselor?*

Peer counselors are a special group of women who are able to model good parenting skills, as well as breastfeeding skills. Their responsibilities will include being positive role models and positive representatives of WIC and the peer counselor program.

### **Summary of Duties:**

- < Teach classes on the advantages of breastfeeding and the management of normal breastfeeding experiences.
- < Provide information and promote breastfeeding among peers. Address specific concerns of expectant mothers. Correct misinformation which may prevent a pregnant woman from considering breastfeeding. Counselors learn techniques for approaching pregnant women about breastfeeding without making them feel defensive or inadequate.
- < Share motivational materials with pregnant clients when peer counseling is initiated.
- < Counsel pregnant and breastfeeding mothers on a one-to-one basis. Enable new mothers to avoid common breastfeeding problems.
- < Support women during a normal breastfeeding experience.

- < Identify breastfeeding experiences that are not the norm and make an immediate, appropriate referral.
- < Counsel new mothers in the hospital.
- < Counsel over the telephone. Follow-up if necessary.
- < Record numbers of participants counseled for evaluation purposes.
- < Provide support and information to breastfeeding mothers who may need help and/or advice to continue breastfeeding while working or going to school.

### ***How many counselors do you need?***

#### **Consider:**

- < How many clinic sites do you have?
- < How often does each site schedule pregnant women?
- < How often does each site schedule prenatal/breastfeeding classes?
- < How often does each site schedule certification of pregnant women?
- < How many participants do you usually have at each site?
- < How many hours per week will each counselor work?

### ***How many counselors should you recruit and train?***

#### **Consider:**

- < You can safely recruit twice the number you need. Unfortunately, many mothers who think they will be able to take the training and are enthusiastic about becoming breastfeeding peer counselors will have unforeseen circumstances arise that make it impossible for them to take the training.
- < It costs very little to train extra counselors.
- < Counselors will take temporary leaves for family reasons, then return; it will be nice to have substitutes you can call.
- < If you cannot immediately employ some counselors you have trained, in fact, even if they never work in a WIC clinic, they will still be taking the breastfeeding information to their

family, friends, and neighbors. Our goal is to create a community based breastfeeding support network.

### ***Why is peer counselor training required?***

A mother who has breastfed her baby often knows more about breastfeeding than a health professional who has not breastfed a baby and who has received little or no breastfeeding training. After all, doctors, nurses, and other health professionals receive little or no training about breastfeeding in medical and nursing school. So why do peer counselors need training?

- < Peer counselors need to be able to answer mothers questions and concerns that may be outside the realm of their personal experience.
- < They need to feel confident in the information they are sharing and understand the basics of how breastfeeding works and how mothers can avoid common problems.
- < Though the peer counselors' greatest asset in helping and influencing other mothers lies in their natural ability to communicate with other mothers as peers, an important part of the training teaches counseling and communication skills to enhance their effectiveness.

### ***Where will you hold the training?***

You will need a classroom large enough to accommodate the number of counselors you plan to train and their babies. It is very helpful to your counselors if you can provide on-site childcare for their older toddlers. To provide childcare you will need another room. You will also need space for the graduation ceremony.

- < Of course, it's wonderful if your agency has space available.
- < A neighborhood church may have space you can use during the week. Churches often have classroom and nursery space that is unused during the week and a larger hall that can be used for the graduation.
- < A neighborhood center may have useable space.
- < Some libraries have extra meeting rooms that can be used for this purpose.

### ***How will you schedule the training?***

- < This manual is designed for five classes, four hours each. You can hold classes on five consecutive days or schedule classes on alternate days over a two week period.

- < Holding classes from 9:00 a.m. to 2:00 p.m. accommodates moms who have children in school. An early lunch at 11:00 a.m. eliminates the need for a morning break.
- < Lunchtime is when friendships are formed. Don't be tempted to forego this bonding period. Also, remember that breastfeeding women get hungry and have to eat often, it's easy to put snack items on the tables during class. **Food for trainees is not a WIC allowable expense.** Depending upon your local agency's policies, you may solicit donations from area business. You can ask trainees to bring a sack lunch or a snack. Sometimes staff or counselors will want to have a pot luck lunch or dinner on their last day of training or for graduation.

### ***Who will conduct the training?***

- < The Breastfeeding Coordinator, who has attended the Intensive Course in Breastfeeding, Phase I is qualified to conduct the training.
- < If for some reason the Breastfeeding Coordinator cannot conduct the training, a State Agency State Agency breastfeeding trainer may be available. Call the State Agency Peer Counselor Coordinator to check availability.
- < You may wish to hire a trainer who has completed the Peer Counselor Trainer Workshop conducted by the State Agency to help your Breastfeeding Coordinator with the training sessions.
- < Many La Leche League Leaders have been trained to conduct peer counselor training sessions. LLL Leaders who have completed Human Relations Enrichment (HRE) training are especially effective in the Barriers and Counseling portions of the training (Day 3).
- < You may have a lactation consultant or a nurse in your area who would come in and conduct part of the training for you.

### ***Do you need the graduation?***

The graduation ceremony is well worth the effort it takes to plan.

- < Counselors are justifiably proud of their accomplishment. This a chance for WIC to tell their families and friends that the counselors have accomplished something worth celebrating.
- < Invite speakers that are enthusiastic about breastfeeding and have impressive titles. If you have any local celebrities that breastfed, you might invite them to speak as well.
- < Invite officials from your health department or agency to speak. This keeps the administration closely involved in your program and emphasizes the importance of your program to key people in your agency. It also increases awareness among

counselors, WIC staff and other agency staff of the importance of the peer counselor's role and the quality of their training.

- < Invite your local media and send a press release to the local newspaper.
- < Invite WIC staff and peer counselors you already have on staff. It gives everyone a chance to meet the new counselors before they come to work in the clinic. Let WIC staff and/or experienced peer counselors help with the training and planning the graduation. Being involved from the beginning will help them integrate the new counselors into the WIC team.

### ***What is the role of the lactation consultant?***

When a lactation consultant is available, she can serve as a safety net for participants with breastfeeding problems. Peer counselors are trained to help mothers with normal breastfeeding experiences. The peer counselor is trained to refer mothers and babies with breastfeeding problems outside the realm of normal breastfeeding to a professional. It is the breastfeeding coordinator's responsibility to outline the referral process for the peer counselors and all other WIC staff.

For example, the peer counselor may refer the mother to the nutritionist at her clinic site. If the nutritionist does not feel comfortable dealing with the problem, she may refer the mom to the breastfeeding coordinator. The Breastfeeding Coordinator may decide to refer the mother to the Lactation Consultant.

When a lactation consultant is not available, referrals may be made to physicians, nurses, La Leche League Leaders, or whatever resources the local agency breastfeeding coordinator determines can help with those problems.

### ***What are the costs?***

#### **Salaries**

Depending on personnel policies at your local agency, you may want to hire peer counselors and/or other staff listed below as employees, or contract with them. Discuss these issues with your personnel office and work out details when you begin planning your program.

#### **< Peer counselor salaries:**

The bulk of the expense of a peer counselor program is salaries of the peer counselors. Many agencies pay their peer counselors at the hourly rate of a community service aide or an entry level clerk. The number of hours peer counselors work varies from agency to agency. While many peer counselors work approximately 4 hours per week, many work

20 to 40 hours per week. If you recruit peer counselors who are receiving other benefits and they are working a limited schedule, you and the counselors need to discuss whether their salaries as peer counselors will interfere with other benefits their families need. And, although we encourage breastfeeding counselors to bring their babies to the clinics with them and role-model breastfeeding, we don't want to ask counselors who are currently breastfeeding young babies to work too many hours.

You can figure your peer counselor salary cost by multiplying the number of peer counselors you will employ by their hourly rate times the number of weeks remaining in the fiscal year. To add the cost of paying the counselors for attending the training session, multiply their hourly rate by 20 hours. Also, figure their FICA benefits.

**Yearly salary requirements:**

Hourly Rate + FICA X # hrs per wk X # PCs X wks/fy

**PC Paid Training:**

Hourly Rate + FICA X # of PCs X 20 hrs

< **Trainer salaries:**

Figure the trainer's salary costs by multiplying the hourly rate X 20 hours of class time plus 10 hours of preparation time. Add more hours if you would like the trainer to assist in recruiting and interviewing potential peer counselors.

Trainer salary: Hourly Rate + FICA X 30 hrs (more, if necessary)

< **Peer Counselor Coordinator salary:**

You may want to consider hiring a part-time PC Coordinator to assist the Breastfeeding Coordinator in scheduling and coordinating the peer counselors' work at your local agency, conducting monthly meetings, and providing continuing support and training.

Figure the coordinator's hourly rate times the approximate number of hours per week times the number of weeks. (Note: The Austin/Travis Co. WIC Program Peer Counselor Coordinator worked 4 hours per week during the pilot program.)

< **Childcare workers' salary:**

Although some specific grant-funded PC programs do include expenses for childcare during the training, paying for **CHILDCARE IS NOT A WIC ALLOWABLE EXPENSE**. Unless your peer counselor program is paid for by a special grant, you may have to come up with some creative ways to fund this. One local agency brought the peer counselors' paychecks to the last session of the training, cashed their checks and let the trainees who used the childcare pay the childcare workers.



< **Lactation Consultant salary:**

This is hard to estimate since you will want your LC to be on call when needed and not work a predetermined number of hours. As an example, in our grant proposals we budgeted for 4 hours per week times the number of weeks at the hourly rate.

**Training materials**

Figure your materials budget with guidance from the Materials Section of this manual.

- < You will need one of each of the videos, flipchart, breast model, etc.
- < You will need to multiply the number of Peer Counselors you plan to train times the cost of The Womanly Art of Breastfeeding, The LaLeche League Answer Book and other materials you will be distributing to each trainee.

**Training space rent**

Some churches and organizations will request a rental or donation for using their space. You may need to figure this cost in your budget.

***How are peer counselor costs funded?***

**Training and paying peer counselors are WIC allowable expenses!**

**Peer Counselor Programs can be paid for with your WIC breastfeeding allocation.** The mandated breastfeeding expenditure is a **minimum** amount that must be spent on breastfeeding. If you exceed your breastfeeding allocation, you can spend nutrition education funds for breastfeeding promotion, including your peer counselor program.

Some peer counselor programs in Texas have received special grant funding from DHHS and operational adjustment funding from USDA.

***What reporting and record keeping forms are required?***

- < Peer counselors are provided forms to help them with counseling and documentation of their contacts with mothers. These forms are discussed in Class 3 and are included in the Class 3 Handouts.
- < Reporting requirements for these expenses are the same as reporting requirements for other breastfeeding promotion expenses. Texas local agencies participating in operational adjustment funding must bill for these expenses on a separate B-13 from their regular expenses.

# Teaching Tips and Techniques

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## Adult Learning Theory

### Adults learn best when:

- \*they can see how learning relates to their life experiences - they want practical answers for today's problems.
- \*they feel the need to learn.
- \*they have a sense of responsibility for what, why and how they learn.
- \*learning is related to what is already known - the adult learner makes use of past experiences.
- \*they have an active role in learning. Adults learn best by doing and often retain the information much longer if they have a chance to practice what they are learning.
- \*there is a comfortable, nonthreatening atmosphere that encourages group discussion and in which different learning styles are recognized and respected.
- \*their time is respected. Start classes on time and end on time.
- \*they are comfortable. To the best of your ability, make sure the room is a comfortable temperature and that the seats are comfortable.

**Activity:** Break into small groups. Discuss how you can incorporate adult learning theory when you teach the Peer Counselor Training. Choose three ways to share with the class.

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# Learning Styles

**There are three major “styles” of adult learning:**

**Auditory** (15% of the population)

- \* Wants details written down
- \* Wants facts and references to back up information
- \* Prefers to “hear” new information

**Visual** (55% of the population)

- \*Wants to see pictures
- \*Wants a broad overview of a topic
- \* Like charts and “steps”
- \* Prefers to get new information via reading, demonstrations, or pictures

**Kinesthetic** or tactile (30% of the population)

- \* Takes notes
- \* Likes to participate in activities
- \* Likes quizzes or questionnaires
- \* Needs to touch or manipulate information

**Activity:** Complete the Learning Style Assessment on the next page.

Reference: Nied, G. Is Everyone Learning?. Training Expo 2000.

# Learning Style Assessment

Check the boxes that best describe you. Total the number for each type. The highest number represents your dominant style.

## Visual

- \_\_\_ I like things to be written on a white board, flip chart, or screen.
- \_\_\_ I prefer to see the “big picture” before listening to the details or carrying out an action.
- \_\_\_ When given a choice, I like visuals.
- \_\_\_ I sometimes forget to share my internal picture of how I visualize a completed project.
- \_\_\_ I like to read and see something rather than listen to someone explain the details.
- \_\_\_ If not given a picture, I will make up one in my head or on paper.
- \_\_\_ I need visual order. I prefer to see things organized, neat and tidy.
- \_\_\_ When getting instructions, I want to see a commercial map or have one drawn for me. I am usually on the lookout for landmarks.
- \_\_\_ I like to explain a situation by giving someone a picture of it. If I were explaining on the phone how four roads entered a shopping mall, I would draw a picture for myself and I would want the other person to also draw a picture of the mall’s road patterns.
- \_\_\_ I prefer to learn how to work on a computer by watching someone first.
- \_\_\_ Total Visual

## Auditory

- \_\_\_ I process information best by hearing details and statistics.
- \_\_\_ I listen and remember details of what was said.
- \_\_\_ I think visuals are not as important as hearing a clear organized format.
- \_\_\_ I want to hear how to work on a computer by listening to someone tell me the steps and other instructions.
- \_\_\_ I may repeat internally to myself or out loud what had just been said.
- \_\_\_ While trying to listen to someone, I am distracted by background noise such as a phone ringing.
- \_\_\_ When getting directions, I prefer to hear how to get there. I want to know the street names and distances, and I sometimes plot out the distances on a map.
- \_\_\_ I am a good organizer of facts and data.
- \_\_\_ I retain information better by hearing myself say it out loud.
- \_\_\_ I can be easily irritated if the person talking does not have a pleasant sounding voice.
- \_\_\_ Total Auditory

### **Kinesthetic**

- \_\_\_ I prefer to learn how to work on a computer by doing it, then when I get stuck, to ask questions or look up the answer.
- \_\_\_ While listening, I like to do other things, like open my mail while someone is talking.
- \_\_\_ I have a tendency to go off on tangents rather than stick to the main point.
- \_\_\_ My role is to “massage” data and look at it in many different ways.
- \_\_\_ I find that many times, as soon as a fact is stated, it has gone in one ear and out the other.
- \_\_\_ I listen more for the feeling behind the words.
- \_\_\_ When asking directions, I want to be pointed in the right direction and will find the place sooner or later. Others riding with me may get irritated as we drive around for an hour while I get a sense of where to go.
- \_\_\_ I may ask questions before a speaker even begins to present his or her main points or issues.
- \_\_\_ I am a doer.
- \_\_\_ I like to discuss a half-formed idea until it feels workable.
- \_\_\_ I enjoy asking questions.
- \_\_\_ Total Kinesthetic

Total Visual \_\_\_\_\_, Auditory \_\_\_\_\_, Kinesthetic \_\_\_\_\_

My dominant type is: \_\_\_\_\_

Reference: Teaching Technology, Inc. Austin, Texas

# Learning Style Profiles

## Visuals

- \*Care about how things look
- \*Need to see proof or evidence before they take anything seriously
- \*Think in pictures
- \*Wave their hands around
- \*Sometimes have a monotonous voice
- \*Usually talk very fast
- \*Frequently look up to the left and right when they speak
- \*Tend to be snappy dressers, trim and tidy

## Auditories

- \*Respond emotionally to the quality of sound
- \*Enjoy the spoken word and love conversation
- \*Things must sound right for them to tune in and give their attention
- \*Have fluid, melodic, sensitive, persuasive, expressive voices
- \*Move eyes from side to side (toward their ears) as they talk
- \*Think they are snappy dressers - like to make statements with their clothing but sometimes don't quite make it.
- \*Physically, somewhere in between visuals and kinesthetics

## Kinesthetics

- \*Things need to be solid, well-constructed, and right-feeling in order for them to go along.
- \*Lower, easy-going voices and gestures
- \*Sometimes speech is unbelievably slow - add all sorts of details
- \*Take a long time to get to the point because it takes longer to put feelings into words than it does to translate pictures or sounds into words
- \*Look down toward feelings when they talk
- \*Enjoy the way things feel
- \*Like textured clothing with quiet tones
- \*Two types
  - i Athletes, dancers, emergency services & trade folks, super fit types
  - i Sensitive, laid-back, down-to-earth, big-hearted types who may have a higher proportion of heavier bodies

**Visual words and sentences**

How do you see yourself?  
It's a bit hazy right now.  
I see what you're saying.  
He's such a colorful character.  
A sight for sore eyes.  
Let's get some perspective.  
We have a vision.  
We see eye to eye.  
I'm a bit vague about what you mean.  
Beyond a shadow of a doubt.  
See you later.  
Can you imagine.  
Let me make this clear.  
Can you shed some light on this?  
We have a bright future.

**Auditory words and sentences**

Sounds familiar.  
Tell me more.  
Does that ring a bell?  
He gave a satisfactory account of himself.  
At last, we have harmony at home.  
They granted me an audience.  
She had me completely tongue-tied.  
These colors are really loud.  
I didn't like the tone of his voice.  
Let me tell you.  
Tell me how.  
She's a scream.  
In a manner of speaking ...  
I want everybody in the room to voice an opinion.  
He received thunderous applause.  
That's as clear as a bell.  
Hold your tongue!

**Kinesthetics words & sentences**

How do you feel about...?  
There were a few stumbling blocks.  
I'll get in touch with her.  
It slipped through the cracks.  
I'm all shook up.  
I'm not following you.  
Let's sort things out.  
Get a load of this!  
Can you pull some strings?  
She came to grips with the problem.

Get over it.  
I can't handle the pressure.  
He's a pain in the neck.  
Stay in touch.  
Hang in there.  
I can't put my finger on anything concrete.  
Start from scratch.  
Walk me through the ceremony one more time.  
I felt, calm, cool, and collected.  
Let's explore the possibilities.

### **Activity:**

Pick a sentence from the list of one of the types. Change it to be the other 2 types.

Example: I see what you mean. (Visual)

Change to Auditory: I hear what you are saying.

Change to Kinesthetics: I feel your pain

### **Activity:**

1. Physically, how can you identify a visual, auditory and kinesthetic person in your class?
2. Verbally, how do you identify a visual, auditory, and kinesthetic person in your class?
3. Dress, how do visuals, auditories, and kinesthetics dress differently?
4. How would you present the training differently if you had all visuals in the class? All auditory? All kinesthetics?

### **Training Application:**

We respond best to our same type.

Different types respond better to you as a trainer if you use their language.

In training, appeal to all types:

- \*Use training materials that look and sound good
- \*Use a pleasing tone of voice
- \*Use lots of hands on materials
- \*Use words that appeal to all senses - paint pictures with words
- \*Use stories, metaphors, parables, anecdotes - reach all types

**Activity:** In your group, go through the classes. Find activities that would appeal to visuals, auditories, and kinesthetics. Are there activities that appeal to all the different types of learners? Discuss how you could change the activities to make them appeal to the other types.

Reference: Boothman, N. 2000. How to Make People Like You in 90 Seconds or Less. Workman Publishing, New York.



# Bright Ideas

Susan Miller designed a tool to help provide better classes and counseling. She calls it “Bright Ideas.” Bright Ideas consists of ten steps.

**1. Look like you are an especially nice person.**

Who wants to learn anything from “Oscar the Grouch”? Before you train or provide counseling, put a smile on your face, straighten your posture, and ooze enthusiasm. As Mother Teresa said, “Let no one ever come to you without leaving better and happier.”

**2. Accept that it’s natural for all of us to think “What’s in it for me?”**

Explain to your trainees, what’s in it for them. Why should they participate in this training? What will they get out of it?

**3. Avoid making trainees feel defensive.**

Watch what you say. Don’t say anything that will offend someone in your class. Be especially wary of jokes.

Offer suggestions rather than give advice. Starting a sentence with “Have you ever thought about...” is much less offensive than saying “Well, you should have...”

Relate to situations as personally as you can. Share a similar experience. Listen to other people’s experiences.

Share what has worked for others in a similar situation.

**4. Help people solve or prevent problems! Don’t just teach breastfeeding!**

When you see the trainees eyes glaze over, you are teaching breastfeeding. Get people involved. Have them share their experiences. Maybe together the class can come up with a great solution.

**5. Emphasize two or maybe three main points in a session - things you want the class to remember.**

Carefully choose the points you want to make. The first and last information you are exposed to is the information you remember best. So, be sure and summarize the main points at the end of the class.

**6. Illustrate your points to help people learn.**

A picture is worth a thousand words. Use visuals - slides, videos, bulletin boards, flip charts to help make your points.

Illustrate with stories about real people and how they solved their problems. Get your class to share how they have solved similar problems.

**7. Find out the trainee's solution**

Get your class to share experiences and solutions. Get people involved in solving a problem - this makes the class more interesting and fun.

Brainstorm solutions. Get creative.

**8. Help people set small, achievable goals.**

Have your class write down their goals. Make the goals clear and doable not vague. Making a public commitment to change increases the likelihood the goal will be accomplished.

**9. Provide frequent, positive feedback and support.**

Look for small signs of progress and reinforce them. Reinforce the positive!

**10. Let the class wrap up the session by telling you what they plan to do.**

This gives the trainees a chance to put all the information together and lets you make sure they got the right message.

**Activity:** In your group, go through the classes. Which of the activities incorporate Bright Ideas? How can you add the Bright Ideas to the trainings you present? Make a list of 3 or 4 ideas to share with the class.

Reference: Miller, S. 1996. Bright Ideas!...for nutrition educators. Nutrition Materials Development. Shrewsbury, MA.

# Accelerated Learning

Dave Meier has developed training concepts that help learners learn better. A few of these concepts are described below.

**Accelerated Learning Concept 1:** Never do for learners what they can do for themselves.

Try to have time for lots of activities, chances to share information, discussions, games to discover and practice information. Ask yourself how can the learner discover this information for themselves in a real life situation.

**Accelerated Learning Concept 2:** If you do something while learning, you learn better.

We remember the information better if we are doing something else while learning - taking notes, doodling the information, drawing cartoons of the information, mapping the information - all help us remember the information.

**Accelerated Learning Concept 3:** The person doing the most talking is doing the most learning (most of the time).

The person who is actively participating in the class is probably the one who is thinking about the information and processing it fully. Encourage sharing and interaction in your classes. The shy, quiet person may also be processing so you have to be careful with this one.

**Accelerated Learning Concept 4:** Alternate between physically active and physically passive activities.

The human brain can only focus for a brief period of time. That is why there are commercials on television about every eight minutes. We need to shift from presenting information to letting the trainee practice the information about every 8-10 minutes for maximum learning to take place.

**Accelerated Learning Concept 5:** The information you present should be relevant to the trainee's world and real life situations.

If you want a totally bored class, try presenting breastfeeding motivation training to a group of emergency room nurses. It just isn't relevant.

**Activity:** In your group, discuss how you can apply these concepts when you teach the Peer Counselor Training. Make a list of 3 or 4 items to share with the class.

Reference: Meier, D. 1998. Accelerated Learning Workshop in Dallas, TX. The Center for Accelerated Learning. <www.alcenter.com>

# Facilitated Discussion

Facilitated discussions are a trainee-centered, interactive form of education where trainees share their problems, knowledge, and experience with each other. Rather than lecture, the facilitator (trainer) encourages trainees to discuss freely among themselves their approach to the breastfeeding situation posed during the class.

The facilitated discussion has three parts:

- \*presenting the breastfeeding question and gathering trainees views,
- \*sorting and evaluating the different views, and
- \*summarizing and finding solutions.

The facilitator begins the discussion by setting the rules and asking trainees to introduce themselves. The facilitator then poses an open-ended question related to the topic of the session. The trainees express their opinions on the question. The facilitator keeps the discussion on track. As trainees give their opinions, the class evaluates the opinion for its scientific and practical merit. The facilitator gently corrects misinformation and rejects faulty ideas. Solutions are evaluated and refined until a group decision is made. At the end of the discussion, trainees feel committed to the solutions adopted because they have shared the responsibility of arriving at the final decision.

The principles of facilitated discussion include:

- < Build the group from within. Assure trainees that the class will be structured to meet their needs and concerns and will not be a lecture.
- < Establish ground rules. Set rules of respecting confidentiality, sharing responsibilities, and respecting and listening to opinions of others in the class.
- < Begin with an icebreaker exercise.
- < Ask open-ended questions -questions that cannot be answered with a “yes” or “no”. Involve trainees in describing their own experiences.
- < Guide the discussion. Allow everyone to speak. Keep the discussion on track. Gently bring topics to a conclusion.
- < Encourage full participation. Encourage quiet trainees to voice their ideas. Listen intently to each trainee. Repeat trainee’s comments when necessary. Give positive feedback verbally or physically (e.g. nodding head, smiling).
- < Focus the conversation. Clarify different views. Restate the objectives of the session when necessary. Summarize the important points of the discussion.
- < Correct misinformation gently. Avoid turning into the “lecturer”. Emphasize the worth of the trainee’s experience. Use responses such as “I am glad this worked for you, but other people have found...” Ask what other trainees think about the statement.

- < Create an atmosphere of acceptance. Accept people and respect each trainee's feelings, even when you disagree with her viewpoint. Do not hurt trainees' feelings by abruptly negating or putting down their ideas and experiences.
- < Summarize the discussion. Bring ideas together and repeat relevant information. Strive to make the summary the result of the trainees' discussion, not your own analysis. Repeat and clarify the solution to the breastfeeding situation that trainees agreed on.
- < Be patient. Remember, it takes time for the class to grow and develop trust.
- < Have fun. Keep a smile and enjoy sharing with and learning from the group.
- <

**Activity:** In your groups, discuss how you could turn any of the sessions in the Peer Counselor Training into a facilitated discussion. How can you turn parts of the session into a facilitated discussion? Make a list of 3 or 4 items to share with the class.

Reference: Abusabha, R., Peacock, J, Achterberg, C. 1999. How to make nutrition education more meaningful through facilitated group discussions. 99(1): 72-76.

# Setting up the Room

## Physical setting

Arrange the tables and chairs before trainees arrive.

Seating arrangements - There's no one seating arrangement that is best for all situations. Some general guidelines for arranging a room include:

- \*If you plan to have some type of group discussion, arrange the tables and chairs so the trainees can see each other as well as you.
- \*If you use any type of AV equipment, make sure everyone can see the screen or TV.
- \*Have the tables and chairs fairly close together - a small intimate setting encourages participation.
- \*If possible, arrange the tables and chairs so the door to the room is behind your trainees. This way, if anyone comes in late, it won't be so distracting.

## Small Groups

Best seating arrangements - the circle and the horseshoe.

- \*In a circle, everyone can see each other. This arrangement encourages discussion.
- \*The horseshoe is a good arrangement if you are using audiovisuals. This arrangement makes it easy to show slides or video, use a chalk board or a flip chart.

## Large Groups

Angle the rows of chairs so that people can see each other. To make sure everyone can see, try to offset the chairs on every other row so no one is directly behind someone else.

Walk from one side of the room to the other and from the front of the class to the back to involve everyone in the discussion. If you can, have a center aisle. This makes it easier for you to move around.

Stand unless you have a riser so that people in the back can see you.

Speak loudly enough so everyone can hear - have a coworker sit in the back of the class and signal you if you need to talk louder. Or, ask the class to tell you if they can't hear. When showing a video, walk to the back of the class after turning it on to make sure the volume is at the correct level.

## **Eliminating Distractions**

Eliminate anything that will compete for the trainees' attention.

Sights:

- \*Windows - draw the blinds or curtains before the trainees arrive. If you can't do that, arrange the seating so that most of the trainees have their backs to the windows. If you are teaching in a room with a chalk board or dry erase board, make sure the surfaces are clean.

Sounds:

- \*Eliminate any distracting sounds inside or outside the room. Heaters and air conditioners make a lot of noise.
- \*Try to get the room to the right temperature before the class so you can turn off distracting noises during the class.

Physical sensations:

- \*No one can learn in a room that is too hot or too cold. If you have to choose one or the other, it's usually better to have the room a little on the cool side. That keeps people awake, particularly when the lights are low.

Smells:

- \*No one is as interesting as fresh popcorn or warm pizza. Try to get your coworkers to avoid heating foods during class time.
- \*Have coffee and snacks available if possible.

**Activity:** In your groups, discuss the rooms where you will be conducting the training. What can you do to make the rooms more conducive to learning? Make a list of 3 or 4 items to share with the class.

Reference: Best Start. 1997. Planning and Delivering WIC Nutrition Education: Recipes for Success.

# Using Audio Visual Aids Effectively

## Flip Charts

Before class:

- \*Make sure you have plenty of blank pages on the flip chart pad.
- \*Make sure your markers are fresh and have plenty of ink.
- \*Place the flip chart in a convenient location
- \*Write some of the content on the flip chart before class if you want to save time in class or if you don't write legibly when in a hurry.
- \*Print or write in letters that are large and easy to read.
- \*Leave a blank sheet between your pre-lettered pages.

During class:

- \*Don't talk while writing on the flip chart.
- \*Try to write your trainees' exact words when listing their answers on the flip chart.
- \*Tear off and post pages on the wall with masking tape or push pins to remind the trainees of the important points.

## Video

Before class:

- \*Make sure the TV and VCR are hooked up correctly and work properly.
- \*Put your video in the VCR and cue it to the opening title of your program.
- \*Place your TV/VCR in the spot where it will be used during the class and make sure your extension cord will reach.
- \*Make sure the extension cord will not trip any of your trainees as they go to their seats.
- \*Be prepared to teach the class without the video in case it breaks or the electricity goes off.

During class:

- \*Dim the lights if possible - don't turn them off completely.
- \*Make sure there is no glare on the screen.
- \*Make sure the volume is loud enough for everyone to hear but not so loud that it disturbs people outside the classroom.
- \*Introduce the video - tell what it is about.
- \*Give the class something specific to watch for in the video.
- \*If the video is longer than 10 - 12 minutes, show only the portion of the video that illustrates your lesson points.
- \*Use the video to support your lesson.
- \*When the video is over, start the discussion immediately.

After class:

- \*Rewind the video and turn off all equipment.



## **Pamphlets and Handouts**

Before class:

- \*Gather any pamphlets and/or handouts you plan to use in the class.
- \*Make sure you have enough copies for everyone that will be attending the class.

During class:

- \*Pass out the handouts at the beginning of the class or pause the class and pass them out.
- \*Do not give important information while passing out handouts.
- \*Go over the information in the pamphlet or handout
- \*Show the trainees how to use the material.
- \*Discuss the information.
- \*Explain what behavior change is expected.

After class:

- \*Pick up any unused handouts/pamphlets.

**Activity:** In your groups, look at the Materials Needed section of the Peer Counselor Training Manual and determine what audiovisuals and supplies you will need. Discuss where you will get the equipment and supplies. Discuss any problems you may have in getting the items you need to conduct the training.

Reference: Best Start. 1997. Planning and Delivering WIC Nutrition Education: Recipes for Success.

# Doing the Training

## Introduction

**Establish an appropriate mood and climate** - Everything you do from the time you walk in the class should help establish the mood and climate.

**Interact** with the trainees as they come into the room. Being a little playful and/or joking will help set the mood for a fun class.

**Being a trainer is like being an actor.** When you step in front of the class, you assume a role. If you are upbeat and positive, the class will pick up on your mood and be upbeat and positive. If you are bored and speak in a monotone, the class will be bored and probably fall asleep.

**Introduce the topic** - find out how much the trainees know about the topic.

**Relate the topics to the trainees' needs and concerns.** If you can show the trainees how what you are going to teach them meets their needs, they are more likely to be interested.

**Use icebreakers** to get people to feel comfortable talking with each other. An icebreaker is suggested in the beginning of Class I.

## Learning Activities

Before the training session, go over your manual very thoroughly. Make sure you have everything you need for the training. Make sure you are familiar with the information you are presenting. If you don't feel comfortable with the information, spend some time catching up on the latest research on the topics.

Follow the outline and present the activities described in the instructor's syllabus. This is mandatory, state agency policy requires that peer counselors be trained with these materials. According to evaluation results, trainees very much appreciate when the instructor sticks to the syllabus and covers the information in the order it appears in the syllabus.

If there are several activities and/or optional activities, choose the one best suited to the group you are training. If you are running ahead of schedule, do all the activities. If you are running behind schedule, do only one activity for each session topic.

# Objectives of the Peer Counselor Manual

## Counselors will be able to:

List advantages of breastfeeding for mother, baby, and family.

Explain why breastmilk is better for babies than formula.

Name at least three breastmilk ingredients and explain their benefits.

Explain immunological benefits of breastmilk and colostrum.

Label the anatomy of the lactating breast.

Explain why it's important to know the difference between foremilk and hindmilk when counseling a breastfeeding mother.

Recognize different dispositions of babies and support mothers in answering babies' needs.

Explain nutritional needs of breastfeeding mothers and infants.

Explain what should and should not be done prenatally to prepare for breastfeeding including nipple assessment and nipple preparation.

Explain how to begin breastfeeding with optimum positioning and latch-on.

Identify causes of common breastfeeding problems and ways to avoid and relieve them.

Make immediate and appropriate referrals when necessary.

List signs a mother can look for to indicate a baby is ready for solid foods.

Explain how to wean a breastfed baby.

Discuss parenting issues and their relationship to breastfeeding and weaning.

Explain ways to acknowledge mothers' concerns and provide information to help the mother overcome perceived breastfeeding barriers.

Identify ways to combine traditional values with contemporary breastfeeding advice.

Identify ways fathers and other family members can be supportive of breastfeeding.

Identify effective counseling techniques.

Identify good telephone counseling techniques.

Identify ways to effectively facilitate a group breastfeeding discussion.

Keep records of counseling contacts.

Identify circumstances that mothers can overcome to initiate or continue breastfeeding.

Recognize situations that may cause new mothers to experience grief and identify feelings that are part of the grieving process.

Explain how to continue breastfeeding when mother/infant separation is necessary.

Recommend and issue different types of breast pumps.

Explain collection and storage of breastmilk.

Identify civil rights complaints and how they are handled.

Identify WIC breastfeeding teaching materials and share them with WIC mothers.

# Materials Needed And Resources

## Graduation:

Design and print the graduation invitations, graduation program, and certificates. This requires some forethought regarding dates, guest speakers and program.

## Sources of Materials:

1. Texas Department of Health  
1100 W. 49th St.  
Austin, Texas 78756

TDH Audio Visual Library: (512) 458-7260  
<http://www.tdh.state.tx.us/avlib/catalog.htm>  
TDH Literature and Forms Unit: (512) 458-7761  
<http://www.tdh.state.tx.us/mamd/litcat/default.asp>  
<http://tigerlily.tdh.state.tx.us/mamd/litcat/AG-30.asp>  
TDH Peer Counselor Training Section: (512) 341-4400 ext 2303#  
<http://www.tdh.state.tx.us/lactate/peer.htm>  
TDH WIC Breastfeeding Promotion: (512) 458-7444  
<http://www.tdh.state.tx.us/wichd/bf/bf1.htm>  
<http://www.tdh.state.tx.us/wichd/gi/materials.pdf>

## You will need one of each of the following for the training session:

Videos available from the WIC State Agency or the TDH Audiovisual Library:

*(Note: You may have these videos at your WIC local agency.)*

TDH AV Library numbers are listed after each title.

Choose one of these two videos to teach the latch-on session:

“Valerie’s Diary” (7212) or “Infant Cues” (6608)

“Why Don’t They Breastfeed?” (6618)

“Breastfeeding and the Family” (6609)

“The Peer Counselor: A Loving Link in a Caring Team” (6837)

“Breastfeeding Techniques That Work: Vol. IV Burping the Baby” (4383)

Additional videos used for participant education in your clinics.

Copy and assemble one set of Breastfeeding Rummy cards from the end of this manual, or download at <http://www.tdh.state.tx.us/wichd/nut/pdf/rummy.pdf> and <http://www.tdh.state.tx.us/wichd/nut/pdf/rummyS.pdf>

## You will need one of each of the following for each counselor:

Manuals: (order on a Texas WIC Materials Order Form)

13-06-1134 Moms Helping Moms: WIC Breastfeeding Peer Counselor Training Manual for the Counselor (Spanish 13-06-1134a) *Trainers outside the Texas WIC Program will need to copy this section of the instructor’s manual for each trainee. Class 1 - H-1 , etc.*

Peer counselor lapel pins: (to award at graduation) available from the PC Training Section.

## Materials & Resources, cont.

Lessons: Copies of lesson plans used in your WIC breastfeeding classes.

Pamphlets: (See the TDH Literature and Forms Unit web site for ordering instructions)

- 13-17 Breastfeeding. . .The Gift of Love (Bi-lingual)
- 13-14 Thinking About the Baby? (Bi-lingual)
- 13-24 Hand Expression and Storage of Milk (Spanish 13-24a)
- 13-25 Breastfeeding Crib Cards (Bi-lingual)
- 13-46 Mother's Milk for Premature Babies (Spanish 13-46a)
- 13-53 Dad (Spanish 13-53a)
- 13-133 Dad's Role in Supporting Breastfeeding
- 13-132 Breastfeeding resources card
- 13-162 Breastfeeding Facts (Bi-lingual)
- 13-184 Breastfeeding the Best Choice (Spanish 13-184a)
- 13-101 Breastfeeding and Family Planning (Spanish 13-101a)
- 13-06-11496 Breastfeeding and Working Works for Me! (13-06-11496a Spanish)
- 13-206 Hand Expression and Storage of Breastmilk (13-206a)
- 13-06-11549 Colostrum (13-06-11549a Spanish)
- 13-06-10954 An Instructional Guide for Giving Your Baby the Best  
(Spanish 13-06-10954a)
- 13-06-11289 Nursing More Than One (Spanish 13-06-11289a)
- 13-06-11288 Just for Grandparents (Spanish 13-06-11288a)
- 13-06-11236 Weaning From the Breast (Spanish 13-06-11236a)
- WIC06-10830 License to Breastfeed in Public (Spanish WIC06-10830a)
- Any additional breastfeeding pamphlets used in your clinic
- (06-10495) Breastfeeding Fact Sheet: Breastfeeding the Sleepy Newborn

Forms: (Order on a Texas WIC Materials Order Form)

WIC-51A Single-user Electric Breast Pump Release Form

WIC-51 Multi-user Electric Breast Pump Loan/Release Form

Breast Pump guidelines: (Download from TDH WIC Breastfeeding Promotion website)

Policy/Guidelines

Breast pump basics

Frequently Asked Questions

Training For WIC Participants

Retrieval of Multi-User Pumps

2. La Leche League International Order Dept.

P.O. Box 4079

Schaumburg, IL 60168.4079

(847) 519-7730 or (847) 519-7730 Fax (847) 519-0035

[email:lllhq@lilli.org](mailto:lllhq@lilli.org) or [orderdepartment@lilli.org](mailto:orderdepartment@lilli.org)

**You will need one of each the following for each participant:**

Books: The Womanly Art of Breastfeeding, Sixth Revised Edition (WAB)

The Breastfeeding Answer Book (BFAB) ( both books available in Spanish)

Pamphlets: *When Babies Cry*

*How to Handle a Nursing Strike*

*La Leche League Fact Sheets - research - latest year available*

## **Materials & Resources, cont.**

3. Childbirth Graphics  
P.O. Box 21207  
Waco, TX 76702-1207  
(800) 299-3366 X287  
Fax toll free (888) -977-7653  
<http://www.childbirthgraphics.com>

### **You will need one of each of the following for the training session:**

Breastfeeding flipchart  
Breast model

4. Kittie Frantz  
Orders c/o:  
Geddes Productions  
10546 McVine  
Sunland, CA 91040  
(818) 951-2809  
Fax (213) 257-7209

Videos: "Breastfeeding Techniques That Work! Vol. IV Burping the Baby" Note: You can check this video out of the TDH AV Library. Ordering information is provided in case you want your own copy.

### **5. Other Training Supplies:**

Floppy dolls to practice nursing positions. (These can be purchased at any discount store for approximately \$6 each.)  
Poster Paper and felt-tip pens or Blackboard and chalk or White Board and pens or

**Note:** *Materials for optional activities are listed in the class outline.*

### **One of each of the following for each counselor:**

name tags (non-permanent)  
pens  
lined notebook pad with 3-holes  
3-ring notebook  
9" balloon (optional activity Class 1- VI)

### **Equipment:**

Overhead Projector - transparencies or white board or flip chart and pens  
TV and VCR

### **After the Training:**

Permanent name tags are helpful in identifying the counselor in WIC clinics.  
Optional business cards that say: WIC Mother and Breastfeeding Counselor

# **Class 1 Outline**

- I.     Introductions
- II.    Overview of Peer Counselor Program
- III.   Advantages of Breastfeeding
- IV.    Human Milk for Human Babies
- V.     How Breastmilk Protects Babies
- VI.    The Amazing Breast
- VII.   Babies Have Personalities
- VIII.  Mother's Nutrition



# Class 1 Outline

## Materials Needed

### I. Introductions

Name tag

Book: Womanly Art of Breastfeeding (WAB)

Notebook, paper, pen

Moms Helping Moms: WIC Breastfeeding Peer Counselor Manual for the Counselor  
(Counselor's Manual)

### II. Overview of Peer Counselor Program

Counselor's Manual: Class Outline Class 1 H-1

Reading Assignments Class 1 H-2

Graduation Invitations

### III. Advantages of Breastfeeding (WAB 339-388)

Counselor's Manual: Advantages of Breastfeeding Class 1 H 3-4

More Advantages of Breastfeeding Class 1 H 5-7

Pamphlet: Breastfeeding the Best Choice

Fact Sheets: Breastfeeding Facts

La Leche League Fact Sheet

Childbirth Graphics flip chart

### IV. Human Milk for Human Babies (WAB 339-348)

Counselor's Manual: Human Milk for Human Babies Class 1 H 8-15

### V. How Breastmilk Protects Babies (WAB 349-365)

Counselor's Manual: How Breastmilk Protects Babies Class 1 H 16-17

### VI. The Breast and Breastfeeding (WAB 371-377)

Counselor's Manual: The Amazing Breast Class 1 H 18-19

Breast Model

Childbirth Graphics flip chart

### VII. Babies Have Personalities (WAB 70-72)

Counselor's Manual: Babies Have Personalities Class 1 H 20-21

Pamphlet: When Babies Cry

Breastfeeding Fact Sheet: Breastfeeding the Sleepy Newborn

Childbirth Graphics flip chart

Practice Dolls

Video: Breastfeeding Techniques That Work! - Burping The Baby

### VIII. Mother's Nutrition (WAB 205-220, 371-388)

# Class 1

## I. Introductions

**Handout:** Name tags  
Womanly Art of Breastfeeding (WAB)  
Notebook, paper and pen  
Moms Helping Moms: WIC Breastfeeding Peer Counselor Manual for the Counselor (Counselor's Manual)

- Introduce instructors and any extra assistants
- Encourage meeting babies' needs
- Welcome comments or questions
- Discourage side conversations

**Ice Breaker:** Ask each counselor to introduce herself: give name, number of children and brief nursing history. This is a valuable time for the counselors to get to know each other, feel comfortable with the group, and build confidence in their breastfeeding success. Make the most of this “teachable moment” in the training. Often mothers will have questions about their own experience, a myth, something they have heard or are concerned about. If you go ahead and respond as questions come up, you will begin to build credibility and you will help counselors give their full attention to the rest of the training once their initial concerns have been addressed. Allow plenty of time for this activity and don't worry about getting behind schedule, because when you reach one of these topics in the training, you will have already covered it and you can skip it or spend less time on it.

## II. Overview of Peer Counselor Program

**Counselor's Manual:** Class Outline  
Reading Assignments

**Hand out:** Graduation Invitations

Share any of the following information and other logistics that are relevant to your group:

- The purpose of the Breastfeeding Peer Counselor Program is to offer mothers receiving WIC the information and encouragement to breastfeed their babies.
- Breastfeeding peer counselors are chosen from the WIC clinics. They are mothers who have breastfed one or more children and are enthusiastic about sharing their experience.
- After the training, the peer counselors will be assigned to a WIC clinic and will work under the direction of the supervisor at the clinic as well as the breastfeeding coordinator.

- Scheduling hours at the clinic will be up to the WIC supervisor and counselor together. Counselors will want to be present especially when prenatal classes are held and when mothers come with newborn babies.
- Counselors will want to be available by telephone to the mothers they speak with at the clinic. Counselors and nutritionists should consider ways to protect the counselors' home phone numbers from public access or overuse. It is helpful to have a phone line in the clinic that the counselors can use.
- Written information will be needed for each participant. The record is for the counselor's information and copies should be made for the client's record. Local agencies will develop a system for follow up and retention of records.

### **III. Advantages of Breastfeeding (WAB 339-388)**

**Counselor's Manual:** Advantages of Breastfeeding  
More Advantages of Breastfeeding Did You Know?

**Pamphlets:** Breastfeeding the Best Choice  
Breastfeeding Facts  
La Leche League Fact Sheet

**Childbirth Graphics flip chart** - *Benefits of Breastfeeding*

#### **QUESTION: *Why is breastfeeding so important?***

- Divide counselors into three groups. Using the handouts listed above and the Womanly Art of Breastfeeding (WAB), ask each group to list advantages of breastfeeding to:
  - 1) Baby
  - 2) Mother
  - 3) Family
- Bring the groups back together and discuss advantages with the whole group. Use the handout as a guide. Write advantages on blackboard, Flip chart or transparencies.
- Encourage the counselors to think of ways in which breastfeeding would benefit the community, town, state, nation, world. Stimulate a discussion of health care costs, industrial waste associated with infant formula, and the global ecology.

#### **Optional Activities:**

- Have trainees work in groups of 5-6. Each group member will give an advantage of breastfeeding starting with the initial of their first name. Have each group make a list of the advantages and designate whether they are an advantage for the infant, mother, family, environment, or society. If there is time, have the groups share their lists with the class.
- Ask the group to share their first memory of breastfeeding. For example, "I remember my aunt breastfeeding my cousin."
- Ask the group to search for an object either in the room or in their purse or pocket which best describes their current view of breastfeeding. For example, "I picked this

dollar because breastfeeding saves money.” “I picked this rock because the benefits of breastfeeding are hard to beat.”

- Benefits of Breastfeeding Bingo - Give each trainee a bingo sheet. Keep playing until everyone bingos. Give each winner a prize - can be a breastfeeding button. (Materials needed: bingo game download from the internet at <http://www.tdh.state.tx.us/wichd/nut/bflessons-nut.htm>)
- Divide the trainees into groups of two to four. Provide each group with magazines, scissors, glue, and a large sheet of blank paper. Instruct each group to make a collage which represents the advantages of breastfeeding to either the baby, the mother or the family. Have each group explain their collage to the class. (Materials needed: magazines, scissors, glue, large sheet of blank paper)

#### **IV. Human Milk for Human Babies (WAB 339-348)**

**Counselor’s Manual:** Human Milk for Human Babies - Comparing Breastmilk and Substitutes

**QUESTION:** *Aren't some formulas better than breastmilk because they have added vitamins and iron?*

Write the question on the blackboard or Flip chart. Pass out the hand-outs Human Milk for Human Babies. Ask how the counselors would answer this question. Then, with handouts in front of them and the WAB opened to the appropriate pages, discuss each ingredient.

Optional Activities:

- Have the trainees break into groups and write down 3 roles for the carbohydrates, fat, and protein in breastmilk. Have the groups share the roles with the class.

Possible answers:

Carbohydrates: provides steady supply of energy for the rapidly growing brain, helps the baby absorb phosphorus, magnesium and other minerals, promotes the growth of lactobacilli which inhibits the growth of harmful bacteria

Fat: needed for weight gain, development of baby’s central nervous system, helps satisfy baby’s appetite.

Protein: destroys harmful bacteria, protects the infant from infection, binds iron and makes it unavailable to harmful bacteria.

- Give each trainee 2 index cards. Have them write down on one card the most important reason they think nutrition is important for a baby. Then have them mark the back side of the card as “A”.

Have the trainees write down the most important reason why breastmilk is optimal nutrition for babies on the other card. Then have them mark the back side of that card as “B”.

Break the attendees into groups of 5-6. Have everyone separate their index cards into 2 piles - A and B.

Provide each group with a sheet of Flip chart paper and a marker. Have the groups divide their Flip chart paper into 2 columns - A and B. Have the groups review the cards. List each item from the A cards in column A and discuss. Then list each item from the B cards and discuss. If time allows, have the groups share their lists.

## **V. How Breastmilk Protects Babies (WAB 349-365)**

**Counselor’s Manual:** How Breastmilk Protects Babies - Immunities

**QUESTION:** *Won't the baby get sick if you nurse him before the "real" milk comes in?*

**QUESTION:** *Shouldn't the mother quit nursing if she gets sick? Won't she make the baby sick from the milk?*

Write the questions on the blackboard. Pass out How Breastmilk Protects Babies - Immunities. Have counselors open the WAB to pp. 349-365. Ask counselors to take turns reading portions of the handout and explain to the other mothers what that portion means. Give assistance when needed.

Optional Activity:

- Have the trainees break into groups. Provide each group with a piece of Flip chart paper and some markers. Explain to the trainees that they are working on a Public Health Campaign. Each group is to design an advertising campaign to promote breastfeeding that incorporates some of the information they have learned in this section. Give the groups 10 minutes to design their campaign. The campaign can use any form of the media: newspaper, TV, radio, pamphlets, billboard, etc.

Have each group choose a spokesman who can share the campaign with the rest of the class. After all the campaigns have been presented, discuss how the various campaigns can be incorporated into their clinics or hospitals breastfeeding promotion efforts.

## **VI. The Amazing Breast (WAB 371-377)**

**Counselor’s Manual:** The Amazing Breast  
**Breast Model**

**Childbirth Graphics flip chart** - *Changes in Your Breast - How Your Body Makes Milk*

**QUESTION:**            *Can women with small breasts make enough milk?*

**QUESTION:**            *Will women with large breasts suffocate their babies?*

**QUESTION:**            *Doesn't breastfeeding ruin a woman's figure?*

Using the handouts, breast model and Flip chart, describe to counselors how the breast makes milk. Pass around the breast model and encourage questions.

Optional Activities:

- **Balloon Activity:** Part 1 - Have trainees begin by blowing the balloon to a reasonable size( smaller than Dolly Parton and bigger than Mia Farrow). After the balloons are inflated, have the trainees use a ball point pen to draw the internal anatomy of the ducts, alveoli, and the sinuses. The ducts under the areola and the nipple should be drawn about one inch long. Help counselors understand this is how much of the nipple and areola needs to go into the baby's mouth and so that compression takes place at the back of these sinuses. Then draw the external anatomy of the areola and the nipple. (Materials needed one light colored balloon for each trainee)
- **Balloon Activity:** Part 2 - Have the trainees practice manual expression using the balloon they inflated earlier. Have the trainees place the thumb and the fingers on the edge of the areola and press back toward the chest. This allows the fingers to roll down toward the nipple, the fingers should be over the milk sinus and compressing the reservoir, forcing the milk out of the sinus. Have the trainees practice doing this in different positions to empty all ducts.

**Note:** Mothers can use this technique to soften the areola during engorgement, to enable the infant to latch on more easily

## **VII. Babies Have Personalities (WAB 70-72)**

**Counselor's Manual:**        Babies Have Personalities

**Pamphlet:**                    When Babies Cry

**Breastfeeding Fact Sheet:**    Breastfeeding the Sleepy Newborn

**Childbirth Graphics flip chart -** *Burping Your Baby - Waking a Sleepy Baby - Special Moments-Sweet Memories*

**Practice Dolls**

**Video:**        Breastfeeding Techniques That Work! Vol. IV Burping The Baby

**QUESTION:**    *If a mother picks up her baby every time he fusses, won't she spoil the baby?*

**QUESTION: *Do breastfed babies need to be burped?***

Encourage the counselors to share what their babies were like. Pass out dolls to practice waking sleepy babies, burping babies and soothing babies.

Optional Activity:

- Let counselors role play in pairs with one acting as the mother and the other as the counselor. Ask counselors what they would suggest to a mother who's new baby "sleeps through the night" during the first few weeks. Or what could a mother do if her five-day-old baby doesn't want to wake up to nurse after three or four hours. Tell them to use suggestions from the "Breastfeeding the Sleepy Newborn" fact sheet.

**VIII. Mother's Nutrition (WAB 205-220, 371-388)**

Counselors should be able to give general information on nutrition, and should be able to discuss information in the Womanly Art, < < < **but should refer specific diet concerns to a WIC nutritionist.**

**QUESTION: *Does a mother need to drink milk to make milk?***

**QUESTION: *Do I have to be on a special diet to breastfeed? I don't eat well enough to breastfeed.***

**QUESTION: *What if the baby is allergic to my milk?***

**Mother's Diet:**

Studies show that even mothers who are malnourished make perfect milk for their babies. A mother suffering from severe malnutrition in an underdeveloped country may not make as much milk as a mother who is well-nourished, but it will be nutritionally perfect for her baby. And even a poorly nourished woman can produce an adequate amount of breastmilk if she breastfeeds often enough to keep prolactin levels high. So, even though a mother may not always eat as well as she should, she will still have good breastmilk. Breastfeeding mothers do need to eat a variety of good foods to keep up their energy level and their own good health so they will be able to take good care of their babies.

# **Class 2 Outline**

- I. Review of Class 1
- II. Prenatal Care
- III. Beginning to Breastfeed
- IV. Identifying Common Concerns
- V. Starting Solids
- VI. Weaning
- VII. Parenting



# **Class 2 Outline**

## **Materials Needed**

- I. Review of Class 1  
Counselor's Manual: Class Review #1 Class 2 H 2-3
- II. Prenatal Care (WAB 26-29)  
Pamphlet: Thinking About The Baby...Think About Breastfeeding!  
Counselor's Manual: Preparation for Breastfeeding Class 2 H 4-5  
Nursing Bras Class 2 H 6  
Crib Card  
Childbirth Graphics flip chart  
Breast Model
- III. Beginning to Breastfeed (WAB 45-71 & 132-135)  
Pamphlets: Breastfeeding...The Gift of Love  
When Babies Cry  
An Instructional Guide for Giving Your Baby The Best  
Counselor's Manual: Tips for Helping Mothers With Breastfeeding Class 2 H 7  
Tips for Helping Mothers With Latch-on Class 2 H 8  
Videos: Valerie's Diary or  
Infant Cues  
Book: Breastfeeding Answer Book (64-79)  
Practice dolls  
Childbirth Graphics flip chart
- IV. Identifying Common Concerns  
(WAB 110-116, 47-51, 55-56, 61-62, 73-74, 123-129, 135-139, 317)  
Pamphlet: The Gift of Love  
Childbirth Graphics flip chart  
Breast Model
- V. Starting Solids (WAB 223-232)  
Counselor's Manual: Recommendations For Feeding Babies Class 2 H 9-10
- VI. Weaning (WAB 233-254)  
Pamphlet: Weaning From the Breast
- VII. Parenting (WAB 255-268)

# Class 2

## I. Review of Class 1

**Counselor's Manual:** Class 1 Review Class

Ask the counselors to spend 15-20 minutes answering the review questions. They may use their handouts and the WAB. Take another 15-20 minutes going over each question, asking counselors to give you their answers. You may either ask for volunteers or pick a counselor to answer a question. This exercise is not meant to put any pressure on the counselors, but can help the instructor see areas that may need extra attention. Sometimes, for all our careful explanations, we find that the information has been completely misunderstood. This is a good time to clarify issues.

## II. Prenatal (WAB 26-29)

**Pamphlet:** Thinking About The Baby...Think About Breastfeeding!  
Crib Card

**Counselor's Manual:** Preparation for Breastfeeding, Nursing Bras

**Childbirth Graphics flip chart - *Preparing to Breastfeed***

**Breast Model**

Write the questions in this section on the blackboard and discuss them one at a time. As you discuss each item, ask the counselors to answer the questions as they would speak to another mother. Important points for the discussion are listed on the class handouts.

**Nipple Preparation:**

**QUESTION:** *I want to breastfeed, but I haven't done anything to get ready for it. Don't I have to prepare myself? What cream should I buy?*

**Nipple Evaluation:**

**QUESTION:** *My mom said she couldn't nurse because there was something wrong with her nipples and the babies didn't want her. How can I tell if I'll have the same problem?*

## **Correcting Flat or Inverted Nipples:**

**QUESTION:**     *A doctor said my nipples aren't shaped right. How do I know if I can breastfeed?*

## **Fitting a Nursing Bra:**

**QUESTION:**     *Do I need a nursing bra?*

### **III. Beginning to Breastfeed (WAB 45-71, 132-135, BFAB 64-79)**

Encourage counselors to teach latch-on and positioning to pregnant women when they have the opportunity. Even hospitals with lactation programs and peer counselor services may not have someone available to assist every mother with her first nursing session. In addition, the majority of the breastfeeding mothers who ask your counselors for assistance may have their problems quickly resolved with corrected latch and positioning. Since lactation experts agree on the importance of a good latch to the success of the breastfeeding experience, make sure your counselors are comfortable with teaching moms this information.

<b>Pamphlets:</b>	Breastfeeding...The Gift of Love When Babies Cry
<b>Counselor's Manual:</b>	An Instructional Guide for Giving Your Baby The Best Tips for Helping Mothers With Breastfeeding Tips for Helping Mothers With Latch-on Recommendations for Feeding Babies
<b>Video:</b>	Valerie's Diary or Infant Cues
<b>Book:</b>	Breastfeeding Answer Book

## **Practice dolls**

**Childbirth Graphics flip chart** - *Supporting Your Breast, Getting Started-latching on, Positioning Your Baby, Ending a Feeding, Bottle Feeding and Nipple Confusion*

## **How to Start And End Breastfeeding:**

**QUESTION:**     *My baby doesn't want me. Am I doing it wrong?*

Watch video "Valerie's Diary" or Or "Infant Cues"

Pass out dolls for practice.

Ask counselors to open their Breastfeeding Answer Book to page 52. Cover the points made on pages 52-57.

Use the Flip chart to discuss how to teach moms good latch on and positioning.

Discuss, point by point, the information in "Gift of Love," and Tips for Helping Mothers With Breastfeeding H-7 and Tips for Helping Mothers With Latch-on H-8. Many counselors will keep these step-by-step guides handy when counseling mothers about latch-on, especially when telephone counseling.

Emphasize the following information from H-7:

***Always, ask permission before touching a mother or baby. Touching without permission is battery.***

•**Try to talk the mom through correcting positioning.** Make sure **HER HANDS** are on the baby - **NOT YOURS**. If you need to help, put your hands over hers. Or, briefly show her what to do then get your hands away, so she is in control. Remember, you are not going home with her, she needs to be confident she can do this herself. You are not doing her or the baby a favor if you do everything for her.

### **Breastfeeding Positions:**

Childbirth Graphics flip chart -*Breastfeeding Positions-sitting, Breastfeeding Positions-at your side, Breastfeeding Positions-lying down, Breastfeeding Positions-for two babies*

Continue to practice with dolls.

**QUESTION:**      ***My arms get tired. I don't think I'm holding the baby right. If it hurts when I breastfeed, what can I do?***

•Using the flip chart and the practice dolls, see that each counselor understands how the positions are achieved. Ask counselors to look at the pictures of various positions in the Instructional Guide For Giving Your Baby The Best pamphlet.

•Pair off the counselors. Have one pretend to be the mother and ask the other to explain each position to her using the practice doll.

•Have the counselors switch roles.

Optional Activity:

- Have trainees work in pairs. Ahead of time make cards with the following situations:

1. The infant is 4 days old. The mother had a c-section and is still in discomfort. What position would you place the mother in to breastfeed? Choose one person to be the mother. Using a doll, have the group tell the mother how to correctly position the doll.

2. The infant is 3 days old. The mother is having difficulty keeping the baby up to the breast because she is small breasted. What would you suggest for this mother? Choose one person to be the mother. Using a doll, have the group tell the mother how to correctly position the baby.

3. The infant is one month old. And wakes often during the night. The mother is getting tired and irritable from having to get up and feed the baby every two hours. What would you suggest for this mother? Choose one person to be the

mother. Using a doll, have the group tell the mother how to correctly position the baby.

4. The infant is 2 days old. He appears to prefer nursing on just the left breast. When the infant is placed on his right side, he cries. What would you suggest to the mother? Choose one person to be the mother. Using a doll, have the group tell the mother how to correctly position the doll. (Note: this infant should be referred to a doctor to make sure he doesn't have a broken clavicle.)

### **How Often and How Long to Feed Your Baby? (WAB 57)**

**QUESTION:**     ***I was told to start off nursing for two or three minutes on each side, but my baby wants to nurse longer and seems hungry all the time. What should I do?***

Discuss the following information, refer to The Womanly Art of Breastfeeding page 57 the pamphlets, "When Babies Cry," and "An Instructional Guide to Giving Your Baby the Best," pages 5-6.

- We used to think shorter feedings would prevent sore nipples, but now we know that correct positioning, latch-on, and frequent feeding are the best ways to avoid sore nipples.
- Babies need to nurse long enough at each breast to get enough milk to grow well. If needed, review foremilk and hindmilk from Class 1.
- Let the baby nurse on one side until he falls asleep or seems satisfied. Then try to burp the baby, and change his diaper if needed. If he begins rooting, offer the other side.
- Growth spurts can cause a baby to need to nurse more often for a few days. Growth spurts occur at about 7 to 10 days, 3 weeks, 6 weeks, and then every couple of months.
- Both mother and baby need to breastfeed ***at least*** 8 times in 24 hours. It is more common that the newborn feeds 10-12 times in 24 hours.

### **How to Tell If Your Baby Is Getting Enough to Eat: (WAB 132-135)**

**QUESTION:**     ***I don't think I have enough milk. How do I know if my baby is getting enough milk?***

- Is the mother giving the baby a bottle of water, a bottle of juice, or a bottle of formula? If yes, how much each day. Does the baby use a pacifier? Does the baby suck his thumb or fist? Any other sucking stimulation may reduce baby's need to ask for the breast.

- Super-absorbent diapers do not give a mother a good indication of how much the baby is wetting. Use cloth diapers in the first few weeks, if possible. Suggest a cheaper brand of disposable that does not say "super-absorbent." Put a kleenex inside the diaper.
- The newborn baby should have at least two stools each day. If the baby doesn't stool at least that often, the baby should nurse more. Many newborns stool after every nursing. This is normal and is not diarrhea.
- Do not give formula or water in place of breastmilk. Avoid pacifiers. If baby sucks fist or thumb, offer the breast.

#### IV. Identifying Common Problems:

**Pamphlet:** The Gift of Love

An Instructional Guide for Giving Your Baby The Best

**Childbirth Graphics flip chart** - *Relief for Sore Nipples*

**Breast Model**

**Sore Nipples** (WAB 47-51, 110-116)

Discuss pamphlets "Gift of Love" and "An Instructional Guide for Giving Your Baby The Best"

Flip chart -*Relief for Sore Nipples* -**WARNING: If you use this picture, cover the blow dryer with something or draw a large x over it. This treatment is no longer recommended.**

**QUESTION:**      *My nipples are so sore. I want to give them a rest.  
Can't I pump and give my milk in a bottle for a few days?*

#### **Positioning And Latch-on:**

The most common reasons for sore nipples are the position of the baby at the breast and the way the baby latches onto the breast. Here are some suggestions for prevention and relief of sore nipples:

- Take the mother step-by-step through the motions of correct positioning.
- Do not let the baby "slurp" the nipple into his mouth. Show the mother how to tickle his lips with her nipple until his mouth is open wide.
- Check the latch-on: Is about an inch of the areola in the baby's mouth with equal amounts showing on all sides? Are the lips flanged? Are the baby's ears and lower jaw moving?

- If the baby consistently bites down hard when starting to suck, pull down on his chin with a finger as he latches on.
- When nursing, pull down on lower lip to see if you can see his tongue. Some babies draw their tongue instead of cupping the breast. Take baby off the breast and start over, waiting until baby's tongue sticks out over the lower gum.
- Nurse the baby more often. Sometimes the baby is so hungry by the time he gets to the breast, he sucks hard and hurts the mother.
- To nurse on a tender nipple, start the baby on the side that hurts the least until the milk starts flowing, then switch to the tender side.
- Air-dry the nipples for 10 minutes after nursing. Breastmilk can be rubbed on the nipples, then air-dry again. Five minutes of sunlight can also feel very good on sore nipples. BE CAREFUL. Watch the time.
- Breast shells may also be used to help nipple soreness between feedings, and can help air-drying.
- Some mothers believe oils or lotions can help relieve soreness. These items can block the natural lubricants and lead to mastitis. Breastmilk is the best "lotion" to apply for quick healing. Though some brands of purified lanolin have become more popular with lactation consultants in recent years, tell moms **not** to use Vitamin E oil. It is thought to be toxic to babies.

### **Finding Other Reasons For Sore Nipples:**

#### **Nipple Confusion:** (WAB 61-62, 135-139, 317)

The baby uses a completely different motion to milk the breast than to regulate the flow from a bottle. In the early weeks, a bottle of water, formula, or even a pacifier can cause a baby to become "confused" and try to nurse from the breast as if it were a bottle (Flip chart pp. 10-11). This can make the mother very sore and she must re-teach the baby to nurse the breast correctly.

#### **Thrush:** (WAB 115)

Thrush is simply a yeast infection that passes back and forth from the baby's mouth to the mother's nipple. It can make the mother extremely sore. Both mother and baby must be treated by a doctor, and possibly the mother's partner, too. It shows up as white patches on the baby's tongue and gums. There is no reason to stop breastfeeding while being treated.

#### **Leaking:** (WAB 73-74)

**QUESTION:**        *All I have to do is hear my baby cry and I start leaking all over the place. It's very embarrassing when it happens in the grocery store. Should I wean?*

Discuss instruction in WAB 73-74.

**Engorgement:** (WAB 55-56 and flip chart -*Relief for Engorgement*)

**QUESTION:**        *My milk came in today. My breasts are hard and full and they hurt and my baby can't nurse. What should I do?*

Using Flip chart and breast model, discuss hand expression to relieve fullness. Also cover the following points:

**•Nurse more often.**

•Nurse on both breasts at each feeding. Nursing only on one side causes too much time to pass before the other side is nursed. This aggravates engorgement.

•Use heat. A hot shower can feel good on breasts and on the back. A warm washcloth helps breast massage. Leaning over and placing breast into a sink of warm water can stimulate a let-down response.

•Encourage mother to stay well-rested. Trying to do too much can make her susceptible to breast infection.

**Breast Lump:** (WAB 123-129)

Ask counselors to open WAB to appropriate pages in each section. This reinforces their ability to use their texts as resources. Discuss information from the WAB.

•Model various positions with dolls and teach "around the clock" method of changing baby's nursing positions to empty different parts of the breast.

•Check for any binding/pressure on the breast that could be blocking the flow of milk through the duct: Tight bra, purse strap, baby carrier, seat belts, rolled up night gown, etc.

•REMEMBER:        Nurse more often  
                         Apply heat  
                         Rest



## **Breast Infection: (WAB 125-127)**

Discuss information from WAB.

**QUESTION:** *My milk came in today. My breasts are hard and full and they hurt and my baby can't nurse. What should I do?*

Emphasize the following points:

- Flu like feelings with a temperature of 101 degrees may be an indication of a breast infection. Call the doctor with a temperature of 101 for more than 24 hours.
- There is no need to wean the baby even if the mother is given an antibiotic. The doctor or clinic can prescribe a medicine that is safe for the baby if he or she understands how important it is to the mother to continue breastfeeding.
- REMEMBER: Nurse more often  
Apply heat  
Rest in bed at least 24 hours

### **Is Baby Getting Enough?:**

**It is extremely important that mothers and Peer Counselors recognize the signs of insufficient intake BEFORE it becomes a problem. Infants dehydrate quickly.** Review page 8 of “An Instructional Guide for Giving Your Baby The Best,” making sure your Peer Counselors know who to call if they have questions or concerns.

## **V. Starting Solids (WAB 223-232)**

**Counselor's Manual:** Recommendations For Feeding Babies  
**Pamphlets:** Copies of pamphlets you are using in your clinics on the topic of introducing solids.

Open and discuss WAB "Ready for Solids," pp. 223-233. Discuss the information from the counselor's manual and related pamphlets.. Ask counselors what questions they have about starting babies on solid foods. Discuss the following questions:

**QUESTION:** *Why should a mother wait until her baby shows signs of developmental readiness to introduce solid foods?*

**QUESTION:** *My baby is two months old. My mother says my baby will starve if I don't start solids now. Won't it help him sleep through the night?*

- Ask counselors to offer reasons for waiting and possible responses to the well-intentioned grandmother.

- Giving the baby solids WILL NOT help him "sleep through the night." Babies wake at night for many reasons and hunger is only one. Babies can be thirsty, teething, wet or dirty, or in a growth spurt. Often, a very active day will make a baby too excited and tired to sleep well.

- Review pamphlet available in your clinic on the topic of starting solids. Most mothers are surprised to learn that a six month old baby may only eat 3-6 tablespoons of food a day. Many do not start solids until 6-8 months old, or older.

- Some highly allergic babies will refuse solids until they are 9-12 months old, but this is very unusual, and they are otherwise growing very well.

- When starting solids, always remember to nurse first. Never replace a nutritionally superior food with an inferior one.

## **VI. Weaning (WAB 233-254)**

**Pamphlet:** Weaning from the Breast

Starting solids really starts the gradual process of weaning. Discuss the information in The Womanly Art of Breastfeeding and the "Weaning from the Breast" pamphlet. Use the following questions to stimulate discussion or ask moms to role-play, taking turns being the mom asking the question and the counselor.

**QUESTION:** *How long should I nurse my baby?*

**QUESTION:** *My husband said I should stop nursing my son or he'll be a sissy.*

**QUESTION:** *My mother-in-law can't believe I'm still nursing. She keeps asking when I'm going to wean.*

**QUESTION:** *Does my baby miss me more when I leave him because I'm breastfeeding? Would he miss me less if I weaned?*

**•Often a question about weaning really means a mom needs breastfeeding advice.** Be sure you ask why a mom wants to wean and determine if she really wants help to continue to breastfeed.

- Weaning is probably the most emotionally charged topic we will encounter. The counselors need to examine their own beliefs about this. It is very easy to become too concerned about another mother's decision.

- Regardless of the counselors' feelings, their purpose must be to help each mother make the right choice for her baby, herself, and her family.

- Discuss the questions.

- Let the counselors share their own experience with weaning.

- Begin assisting the counselors in forming responses that show acceptance of the mother's situation.

- CAUTION:** Be sure the counselors know how to advise against abrupt weaning, if weaning must take place. (WAB 237-240)

## **VII. Parenting (WAB 255-268)**

**QUESTION:** *My two-year-old keeps biting the baby. Should I bite back to show that it hurts?*

**QUESTION:** *My 9-month-old doesn't sleep through the night. My husband says we should let him cry it out.*

**QUESTION:** *My 18-month-old isn't potty trained yet. Is that normal?*

- Even though our purpose is to counsel the breastfeeding mother, we will often be asked other questions.

- Discuss "What About Spanking" and "Normal Toddler Traits" in WAB pp. 260-262.

- No matter what the issue is, there will be those family members in the mother's life who will blame it on breastfeeding. Read the above questions again with this added:

**QUESTION:** *They say it's because I'm breastfeeding. Should I wean?*

## **Class 3 Outline**

- I. Review of Class 2
- II. Barriers to Breastfeeding
- III. Cultural Considerations
- IV. More About Counseling
- V. Telephone Counseling
- VI. Dynamics of Group Counseling
- VII. Counseling Procedures
- VIII. Including Father and Family

# Class 3 Outline

## Materials Needed

- I. Review of Class 2  
Counselor's Manual: Class 2 Review Class 3 H 2-3
- II. Barriers to Breastfeeding  
Counselor's Manual: Counseling with LOVE Class 3 H 4-6  
Using the LOVE Method Class 3 H 7-8  
Validating a Mother's Concerns Class 3 H 9-10  
More Examples of Barriers to Breastfeeding Class 3 H 11-18  
Video: Why Don't They Breastfeed  
License to Breastfeed in Public
- III. Cultural Considerations  
Counselor's Manual: Cultural Considerations Class 3 H 19  
A Final Self-Check Class 3 H 20  
Cultural Beliefs Class 3 H 21-24
- IV. More About Counseling  
Counselor's Manual: Ten Commandments for Good Listening Class 3 H 25  
Creating Comfortable Conversations Class 3 H 26  
Avoiding Pitfalls in Counseling Class 3 H 27-28
- V. Telephone Counseling  
Counselor's Manual: Telephone Counseling Class 3 H 29-30  
Tips for Helping Mothers With Latch-on Class 2 H-8
- VI. Dynamics of Group Counseling  
Counselor's Manual: Conversation Starters Class 3 H 31-32  
Conversation Hushers Class 3 H
- VII. Counseling Procedures  
Counselor's Manual: Breastfeeding Report Forms Class 3 H 37-39
- VIII. Including Father and Family (WAB 183-204)  
Video: Breastfeeding and the Family  
Pamphlets: Dad  
Dad's Role in Supporting Breastfeeding  
Just for Grandparents  
Counselor's Manual: Ideas to Share With Families Class 3 H 34-35

# Class 3

## I. Review of Class 2

**Counselor's Manual:** Class 2 Review

Ask counselors to use their materials, handouts, Womanly Arts, etc. to fill in the answers to the Class 2 Review. Then ask them to share their answers with the group. Use the daily reviews as a time to check to see that your counselors have a firm grasp of the main points of the material. Are there any areas of the lesson where you need to spend a little more time?

## II. Barriers to Breastfeeding

**Counselor's Manual:**

Counseling with LOVE

Using the Love Method

Validating A Mother's Concerns

More Examples of Barriers to Breastfeeding

**Video:** Why Don't They Breastfeed?

Ask the counselors why they think women choose not to breastfeed. List their answers on the board, flip chart, or overhead projector. As each topic is discussed, ask the counselors to suggest what a mother might say that would indicate her concern about that topic and be a barrier to her success.

## Teaching the LOVE Method of Counseling

As trainers, our job is to make sure peer counselors understand that they are not making decisions for the mothers they counsel and they are not responsible for the decisions another mother makes. They need to assist the mother in obtaining information in a non-threatening way so she can make an informed choice for herself and her baby.

### Validating A Mother's Concerns:

Validating a mother's concern is one of the most important concepts of good counseling. It is easy for a counselor to assume she knows what a mother's concern is and what the mother should do about it. It is a lot more difficult to Listen and Observe to be sure she is identifying the real and sometimes underlying concern and then to take the time to Validate and build trust before providing the Education that will Empower the mothers who are counseled.

Show the video: Why Don't They Breastfeed?

You may stop the video after each segment to discuss identifying a mother's concern, validating her concern and offering information. Stop the video after each barrier is presented and have the counselors practice validating mothers' concerns through role-play. Play the remainder of the video to see what suggestions the counselors in the video offered.

A major key to the success of the counselors you train so be sure to let them practice identifying a mother's concerns and validating before they educate. After going over the principles of active listening, clarifying and interpreting practice a few questions by role-playing. Choose an issue that has concerned the counselors, or use the question about fear of insufficient milk in Class 3 H-1 and let counselors practice the three step method.

For more practice: From the More Barriers to Breastfeeding handout, use the questions listed under "**Mothers might say:**" for each barrier. Ask counselors to take turns validating the quotes.

### **Educating:**

If time allows, using the lists of mothers concerns on the Barriers to Breastfeeding handout ask counselors to suggest handouts they would use in discussing these questions with a mother. Ask them to use the WAB to share information with a mother.

### **Empowering:**

Have counselors practice making encouraging comments. Have each counselor make a positive comment to the mother on her right. Something she has noticed about her new friend during the training that she admires.

## **III. Cultural Considerations**

### **Counselor's Manual: Cultural Considerations**

A Final Self-Check

Cultural Beliefs

One of the advantages of the Peer Counselor Program is that the counselors are part of the cultural and socioeconomic groups of mothers WIC is serving. The counselor will have an understanding of the cultural biases she brings with her, although she may never have thought about them. This section is designed to bring some of those biases to the counselors' attention in order to recognize their strength when they come up in the counseling.

Also, each counselor will be serving mothers from a wide range of cultures and sub-cultures. The Hispanic counselor, for instance, will find herself counseling White, Black or Asian mothers. Third or fourth generation Hispanic mothers will differ greatly

from the mother who has just moved here from Mexico or Central America. This section should promote an awareness in the counselors that will help them maintain an attitude of respect for cultural differences.

**QUESTION:** *How do you talk to a mother from another culture?*

**ANSWER:** *Like a mother!*

### **Human Diversity:**

Think of the many ways in which we can celebrate the diversity among us. Ask the counselors to give examples of differences and similarities for each of the listed under Human Diversity on the Cultural Considerations Handout. After discussion ask them to take the Self-Check.

### **Cultural Beliefs:**

Ask the counselors if they know of any examples of cultural barriers to breastfeeding. Have they heard of anything that would prevent a mother from their own culture or neighborhood from nursing? Ask them to look at the examples on the Cultural Diversity Handout.

The counselors should acknowledge that there probably is some basis for these cultural beliefs. They can help mothers continue to breastfeed without making the mother confront or abandon her beliefs. What kind of compromise can the counselors suggest to blend cultural beliefs and modern breastfeeding knowledge.

### **Communication:**

The communication section of the Cultural Beliefs Handout outlines some general impressions of the ways people from different cultures sometimes relate to others. Counselors should know that these are general observations and will vary greatly among individuals.

In each section, ask the counselors if they have noticed "The Comfort Zone." What did they do when someone crossed the invisible line? When speaking with a mother, how will the counselor know if she has crossed the mother's "comfort zone."

## **IV. Counseling Techniques**

**Counselor's Manual:** Ten Commandments for Good Listening  
Creating Comfortable Conversations  
Avoiding Pitfalls in Counseling

Ask counselors to discuss the main points on the handouts. For example, ask them which pitfalls they feel it will be hardest to avoid.



**In discussing the handouts emphasize the following:**

- Counselors need to recognize their limitations, and seek professional referrals when necessary. Information should be limited to breastfeeding. **999 Marital problems, financial difficulties, suspected child abuse or medical conditions should be referred to the appropriate professional.** You may wish to make a referral list for your counselors. If the counselor is ever uncertain of the proper course of action, she should know how to refer to her supervisor.
- Counselors are legally responsible for any improper advice they give to a mother. Stress the importance of limiting counseling activities to breastfeeding only.
- Proper documentation of all counseling contacts is necessary for legal support of counseling activities. Documentation is the counselor's protection.

## **V. Telephone Counseling**

**Counselor's Manual:** Telephone Counseling  
Tips for Helping Mothers With Latch-on

Discuss each point in the Telephone Counseling handout with the counselors. Ask why they think the suggestions are important. Ask them to repeat the information in their own words.

Role-play with the "mother" and "counselor" sitting back-to-back to give the effect of a telephone counseling call. You may wish to use questions that seem typical to telephone counseling, for example:

**QUESTION:** *The baby is seven days old. The mother says her milk has dried up and the baby wants to nurse all the time. Should she switch to formula?*

- The baby is probably experiencing a growth spurt. Most babies have growth spurts at about 7 to 10 days old, three weeks, six weeks, three months and about every two months after that. These are general observations, keep in mind that individual babies may be experiencing a growth spurt at any age.
- Engorgement occurs when the milk first comes in at 3 - 6 days. Sometimes breasts seem empty after the initial engorgement.
- Mothers need to be reassured that this is normal and encouraged to continue frequent breastfeeding to build the milk supply during a growth spurt. Growth spurts usually last only a few days.

**QUESTION: *The baby is nursing well, but mother's nipples are sore, what should she do?***

Tell your trainees that many counselors like to keep Class 2 H-8, "Tips for Helping Mothers With Latch-on," by the phone to help them talk mothers through the steps. Let them use it while role playing telephone counseling with the following situations. Have them sit back to back.

- Explain positioning of the baby at the breast. (A good exercise for phone duty.) Have the "mother" do exactly what the "counselor" says with a baby doll. Then try it again giving both "mother" and "counselor" a doll.
- Explain using milk on nipples and allow to air dry.
- Discuss other positions that may relieve pressure on the sore area.

## **VI. Dynamics of Group Counseling**

**Counselor's Manual:** Conversation Starters  
Conversation Hushers

### **Conversation Starters**

Standing in front of a WIC class can be scary. Pass out "Conversation Starters". Ask the counselors to read them over briefly and look for phrases that seem natural to them. Ask the counselors to share with the class a phrase that they would use to start a group discussion.

- Encourage the counselors to use the phrase, **"I'm a WIC mother and your Breastfeeding Counselor."** It helps the mothers to know that the Breastfeeding Counselor is a WIC mother, too. They open up to the counselor after she has introduced herself this way.
- It helps the counselor to **ask the baby's name and use it often** when talking to the mother. It shows the mother that you really do care about her.

**Explain the difference between open-ended and closed questions. Ask counselors to give examples of open-ended questions.**

Closed questions allow the mother to give you a "yes" or "no" answer and you really do not have any good information.

Open-ended questions will draw more information from the mother and cannot be answered by "yes" or "no", or a one word response. How would you answer these questions? Write the closed question on the board and ask the counselors how to turn it in to an open-ended question.

Closed: Is the baby wetting about six diapers a day?

Open: Tell me how many diapers he wets a day? How many stools?

Closed: Is the baby hungrier now than before?

Open: How often does the baby seem to get hungry?

Closed: Do you know how to make more milk?

Open: What do you think you could do to make more milk?

Closed: Are you nursing often enough?

Open: How often are you nursing?

Closed: Are you getting enough rest?

Open: How do you feel about the amount of sleep you're getting?

Closed: Are you eating well?

Open: Tell me what you had for breakfast and lunch.

Notice that closed questions start with, "is" or "are." Open question start with, "how," "what," "when," or "where." Another good one is, "Tell me about. . . ."

Optional Activity:

Have trainees work in pairs. The first trainee is to obtain directions on how to make macaroni and cheese from the second trainee asking only close-ended or yes-no questions. They need to how many questions it takes before the directions are complete. Then have the trainees switch roles. The first person is to obtain the same information using open-ended questions again noting how many questions it takes before the directions are complete. (It should only take one question - Tell me how to make macaroni and cheese.) Discuss the difference in the number of questions and the time it takes to get the desired answer using open and close-ended.

### **Conversation Hushers**

Pass out "Conversation Hushers." Sometimes a mother gets carried away in class with a discussion that sounds negative about breastfeeding, or is off the subject completely. Pass out "Conversation Hushers." Ask the counselors to read briefly and suggest comments of their own. The purpose is not to embarrass the mother, but to get the group back on the topic at hand.

## **VII. Counseling Procedures**

**Counselor's Manual:** Breastfeeding Counseling forms

Review documentation procedures and forms to be completed while counseling (examples provided), including your own time sheets or attendance records.

Prenatal Breastfeeding Counseling and Breastfeeding Counseling are designed for individual counseling, whether by phone, hospital visit or in the clinic. The Peer Counselor Group Class Log documents participant contacts with counselors in a class setting. The Breastfeeding Contact Form is an optional form some programs have found useful.

Your agency will need to establish a record keeping system and train your counselors on how they are to maintain their records. Many agencies have the counselor make a copy of forms for her site supervisor or to be kept with the client's record, and keep the original for her own records. Her copy serves as a reminder for follow-up visits or phone calls. A counselor may keep her files in the manner most convenient to her; by alphabetical order or by due dates. You will have to determine a system that insures clients get appropriate follow-up phone calls or visits. Some agencies assign follow-up to the counselor who originally made the spoke with the client others flag the record for follow-up on the appropriate date from a counselor or staff person who is scheduled to work when the follow-up is needed. Most agencies probably use a combination of these systems.

## **VIII. Including Father and Family (WAB 183-204)**

**Video:** Breastfeeding and The Family

**Pamphlet:** Dad  
Dad's Role in Supporting Breastfeeding  
Just for Grandparents

**Counselor's Manual:** Ideas to Share With Families

Show the video. Copy the following questions, cut them out and paste them on 3x5 index cards. Pass the cards out. Ask a counselor to read the question then answer it, or have two counselors role-play; one as the mother, the other as the counselor. Ask the other counselors for suggestions as well.

**QUESTION:** *My husband wants me to bottle-feed the baby so that he can feed and be close to the baby, too. How can I make him feel important if I'm breastfeeding?*

**QUESTION:** *My boyfriend thinks the breasts belong to him. Is it true that I won't want to sleep with him anymore if I'm breastfeeding?*

**QUESTION:** *When my husband comes home from work, he gets real angry when the baby is fussy. He thinks the baby would be quieter if I bottle-fed. Is my breastmilk making the baby cry?*

**QUESTION:** *It's like my boyfriend is real jealous of all the attention I'm giving the baby. Would I really have more time to spend with him if I were bottle-feeding?*

**QUESTION:** *I've heard that you get a special closeness with a breastfed baby, but I didn't nurse my older children. Won't they be jealous if I nurse this baby?*

**QUESTION:** *My 2-year-old keeps trying to get my attention every time I sit down to nurse the baby. Sometimes it seems like it would be easier to give the baby a bottle. What can I do?*

**QUESTION:** *My older children want to play with the baby, but he is too young to play back. What can I let them do to help take care of the baby?*

**Discuss the issues and suggestions on the pamphlets and the Ideas to Share with Families handout.**

# **Class 4 Outline**

I. Review of Class 3

II. Special Circumstances

III. The Grief Process

IV. Mother/Infant Separation

V. Breast Pumps

VI. Milk Collection and Storage

# Class 4 Outline

## Materials Needed

- I. Review of class 3  
Counselor's Manual: Class 3 Review Class 4 H 2-3
- II. Special Circumstances (WAB 115-116, 123-145, 271-336)  
Video: The Peer Counselor: A Loving Link in a Caring Team  
Counselor's Manual: Special Circumstances - Mother Class 4 H 4-7  
Special Circumstances - Baby Class 4 H 8-9  
Pamphlets: Mother's Milk for Premature Babies  
Nursing More than One  
How to Handle A Nursing Strike  
  
Book: The Breastfeeding Answer Book  
Breastfeeding Resources Card
- III. The Grief Process  
Counselor's Manual: Stages of Grief Class 4 H 10-12
- IV. Mother/Infant Separation (WAB 149-165)  
Pamphlet: Hand Expression and Storage of Milk  
Childbirth Graphics flip chart
- V. Milk Collection and Storage (WAB 425-428, 121-122)  
Breast Model  
Balloons  
Childbirth Graphics flip chart
- VI. Breast Pumps (WAB 118-120)  
Counselor's Manual: Breast Pumps Class 4 H 13  
Forms: Single-user Electric Breast Pump Release Form  
Multi-user Electric Breast Pump Loan/Release Form

# Class 4

## I. Review of Class 3

**Counselor's Manual:** Class 3 Review

Review class 3 with counselors as you have done on previous days.

## II. Special Circumstances (WAB 115-116, 123-145, 271-336)

**Video:** The Peer Counselor: A Loving Link in a Caring Team

**Counselor's Manual:** Special Circumstances - Mother

Special Circumstances - Baby

**Pamphlets:** Mother's Milk for Premature Babies

Nursing More than One

How to Handle A Nursing Strike

**Childbirth Graphics flip chart:** *Special Needs - Chin Support*

*Special Needs - Feeding Positions*

*Supplemental Breastfeeding*

**Book:** The Breastfeeding Answer Book

**Breastfeeding Resources Card**

For each Special Circumstance, have the Counselors open The Womanly Art of Breastfeeding to the pages noted on the handouts to discuss helpful solutions when speaking to the mother.

**For each Special Circumstance, ask one counselor to find the appropriate pages in The Breastfeeding Answer Book and add that information to the discussion. Make sure counselors learn to use index in The Breastfeeding Answer Book. They need to be comfortable with using this book for quick reference during counseling.**

**Show the video: The Peer Counselor: A Loving Link in a Caring Team**

The video can be shown in segments stopping to discuss breastfeeding referrals, medical referrals and social services referrals in your area.

The counselors are not expected to be experts in all matters. However, they will encounter situations outside the "normal" range and will want to assist the mother in breastfeeding.

Counselors should be able to recognize problems that are outside the realm of normal breastfeeding and make immediate, appropriate referrals. 999 **In addition, counselors should understand that problems that do not clear up or show improvement in 24 to 48 hours need referrals.**

Each local agency must establish appropriate referral networks. The counselor may refer first to the nutritionist or nurse at the clinic where she works, or to the local agency



Breastfeeding Coordinator, or in some cases the local agency will have contracted a back-up lactation consultant.

Some of the counselors may have had a "special" situation and can share their experience with the others.

The counselor cannot solve a mother's difficulty by making it go away. Also, she cannot give medical advice or battle the medical community. She can, however, encourage the mother to:

- speak with her doctor or health provider about how important it is to her to nurse her baby.
- ask her doctor to work with her on a compromise so that she can continue to breastfeed.
- practice using the words "my baby," instead of "the baby."
- ask the baby's doctor to speak with her doctor about ways to continue breastfeeding.
- find out as much as she can about her situation to make an informed choice when speaking with her doctor.
- seek the appropriate referral through the Local Agency Breastfeeding Coordinator.

Give each counselor the Breastfeeding Resources Card and ask them to fill in the Local Resource section on the back with resource numbers you provide.

**The local agency must establish its own referral network. This may include:**

La Leche League in your area: Phone #  
Lactation Consultant or Educator: Phone #  
Supportive Doctor: Phone #

### **III. The Grief Process**

**Counselor's Manual:** Stages of Grief

Counselors will be faced with mothers experiencing grief. Ask them to suggest possible causes and list them on the blackboard, transparency or poster paper. A list of examples is included on the handout.

Write down each stage of the grief process from the Stages of Grief handout. Ask counselors to suggest ways to determine where a mother is in the grief process.

What would the mother say?  
How would she act?  
How could the counselor respond?

Give the counselors a list of local hotline numbers. Have them write the numbers in on their handout.

Examples would be support groups for:

Pregnancy loss  
SIDS support  
Compassionate Friends (loss of a child)  
Hospice family support (loss of an adult)  
Check with hospitals for support groups for parents with babies in NICU.

#### **IV. Mother/Infant Separation (WAB 149-165)**

Pamphlet: Hand Expression and Storage of Milk  
Childbirth Graphics flip chart: *Breastfeeding Discreetly*  
*Breast Massage - Manual Expression*  
*Areolar Expression*  
*Manual Pumping*  
*Electric Pumping*

Many mothers will plan to return to work or school shortly after the baby is born.

**QUESTION: *I'm going back to school in four weeks. Should I even bother to start breastfeeding?***

**QUESTION: *My neighbor says that my baby won't take a bottle if I'm nursing. I need to leave him when I go back to work and I don't want him to starve. Should I start him on a bottle right away?***

Give the questions to two counselors. Let the other counselors suggest what these mothers should do.

Open the WAB to page 161. Discuss the five suggestions mentioned including the following information:

- Finding appropriate child care can be time-consuming but is worth the extra effort. The mother should look for someone sympathetic to her needs.
  - < She needs to be close to her baby.
  - < She needs to store breastmilk.
  - < She needs to know that the sitter will give her milk to her baby.
  - < She may need to nurse her baby when she comes to pick him up.
- Baby learns that mother nurses and sitter gives bottles. Some mothers have trouble giving baby a bottle and worry that the baby will starve while she is away. Most babies will adjust to the new arrangements.

- The breasts learn to produce milk when the baby is available and rest when the baby is not. Mothers who combine working and nursing find that they have plenty of milk in the evenings and on weekends, and pump just what they need during the workday.
- A LLL group can be a great support to the working or student mother, and nursing babies are always welcome at LLL meetings.
- Family support is very important. The counselor can encourage the mother's family to help her succeed.

## V. **Milk Collection and Storage** (WAB 425-428, 121-122)

**Pamphlet:** Hand Expression and Storage of Milk

**Breast model**

**Childbirth Graphics flip chart:** *Areolar Expression*

*Breast Massage/Manual Expression*

*Manual Pumping, Electric Pumping*

**Balloons** may be used to demonstrate hand expression.

Review with the counselors the Marmet technique of hand expression.  
(WAB 425-428).

**QUESTION:**     ***When would a mother need to know how to express milk?***

Ask the counselors when mothers would need to express milk. Include:

- Engorgement
- Hospitalized mother
- Hospitalized baby
- Mother taking medications
- Returning to work or school
- Leaving baby for a few hours
- Just for practice

## VI. Breast Pumps (WAB 118-120)

<b>Counselor's Manual:</b>	Breast Pumps
<b>Forms:</b>	Single-user Electric Breast Pump Release Form Multi-user Electric Breast Pump Loan/Release Form

Visit the TDH - WIC Breast Pump website when you prepare for this session, <http://www.tdh.state.tx.us/wichd/bf/bf1.htm>. Getting the information directly from the Web when you prepare for you class will insure that you and your counselors are working under up-to-date policies and guidelines. Print and copy the following from the web page for each counselor:

Policy/Guidelines  
Breast pump basics  
Frequently Asked Questions  
Training For WIC Participants  
Retrieval of Multi-User Pumps

Demonstrate the pumps your agency has available. Make sure counselors know how to assemble and use each pump. Explain how you want pump issuance documented on inventory logs. Explain the importance of having each client sign the appropriate release form. Go over the above documents you have provided from the web with the counselors

### **QUESTION: *Which breast pump is best?***

Even though we all have an opinion about the best pump, much depends on a mother's situation: what she needs the breast pump for and her resources.

Counselors should help the mother consider the following:

- A pump that works well for one mother may be completely ineffective for another.
- A manual pump can be very effective. A mother does not need an expensive electric pump when she only wants to express some extra milk "just in case" for those short trips when she would be uncomfortable nursing (grocery store, church, etc.). Moms need to know that with a little practice they can nurse discretely anywhere, anytime. Wearing sweaters, T-shirts, or blouses that lift up to accommodate nursing, or using a shawl or baby blanket can provide plenty of privacy.
- A mother should be taught hand-expression, as it is helpful when pumping. Hand expression is also very effective when there is no pump available.
- WIC Programs and some hospitals provide multi-user electric breast pumps when a baby is ill.

# **Class 5 Outline**

I. Class 4 Review

II. Civil Rights

III. Breastfeeding Counselors at Work

IV. Review of WIC Materials

V. Peer Counselor Training Evaluation

VI. Invitation to Graduate

# **Class 5 Outline**

## **Materials Needed**

- I. Class 4 Review
  - Counselor's Manual: Class 4 Review Class 5 H 2-3  
Breastfeeding Rummy Cards
- II. Civil Rights
  - Counselor's Manual: Civil Rights Policies Class 5 H 4-5  
Civil Rights Review Class 5 H 6
- III. Breastfeeding Counselors at Work
  - Forms: Any necessary paperwork from your agency  
Peer counselor business cards  
Permanent name tags
- IV. Review of WIC Materials
  - Handouts: Any lesson plans or breastfeeding materials used at your local agency  
not previously presented during the training  
License to Breastfeed in Public
  - Videos: Any breastfeeding videos used at your local agency
- V. Peer Counselor Training Evaluation
  - Counselor's Manual: Evaluation of Peer Counselor Training Session Class 5 H 7
- VI. Invitation to Graduate

# Class 5

## I. Class 4 Review -

### **Counselor's Manual: Class 4 Review Breastfeeding Rummy Game**

**This is not a final examination. Remember you have recruited successful breastfeeding mothers. They do not have to pass a final examination to become peer counselors.** Ask the counselors to answer the questions. Review the answers together. Spend extra time on topics that may have been misunderstood or need a more complete explanation.

As an overview of earlier sections of the training, play Breastfeeding Rummy. Instructions are included with the cards. Cards can be found at the end of this class. If you are downloading the manual, you may download the cards at <http://www.tdh.state.tx.us/wichd/nut/pdf/rummy.pdf>  
Spanish cards at <http://www.tdh.state.tx.us/wichd/nut/pdf/rummyS.pdf>

This is a good opportunity to go over anything that seems incomplete from the training. If there were absences, some extra review may be necessary. Ask the other counselors to help in the review.

## II. Civil Rights

### **Counselor's Manual: Civil Rights Policies Civil Rights Review**

Note: Many peer counselor trainers have the person responsible for providing civil rights training at your agency help with this section of the training.

Ask each person to read the Civil Right Policies Handout.

Trainers should emphasize the following points:

- Anytime a client feels she has been discriminated against or says she has not been fairly treated because she is a member of one of the groups listed in Policy C.R.-2.0, she is making a civil rights complaint.
- Counselors should get their supervisor to hear the client's complaint and the supervisor will take the proper action. All civil rights complaints must be written down and forwarded by the local agency to the State Agency. The State Agency must then forward civil rights complaints to USDA.

- The client should be informed of her right to appeal a decision by the local agency and the process available to her to do this. This information will be provided by the counselor's supervisor.
- The local agency must provide services in a language the client understands. The trainer needs to tell counselors the local agency procedure for translation. Who will the peer counselor call if she cannot speak the same language as the client? Teach the counselors how to call the Language Line in case a client comes in that speaks a language the counselor does not speak.

Answer any questions counselors may have. If you do not know the answer to any of the counselor's questions, contact the Training Section at the State Agency for clarification.

Have counselors complete the Civil Rights Review. Keep this review on file as documentation of compliance with the Civil Rights training policy.

### **III. Breastfeeding Counselors at Work**

This is the time to review the duties of the counselors. Announce clinic assignments. Make sure each counselor has the name of her supervisor and phone number of her assigned clinic.

On the job mentoring is a crucial next step. Plan to meet your new counselors at the clinic on their first day, make sure their clinic supervisor spends some time with them, or assign them to an experienced peer counselor to follow until they feel comfortable in their new roles.

Fill out any paperwork necessary to make the counselors "official." Give any instructions needed for their next steps.

Instruct the counselors to call their WIC clinic and make an appointment with their supervisor. The counselor and supervisor will discuss her hours. (Some Breastfeeding Coordinators have made it a point to accompany each peer counselor on her first day in the clinic, others have not found this logistically possible.)

Review the breastfeeding counseling forms distributed in Class 3. Be sure the counselors understand that they may make copies for their supervisor and keep the original for their records.

### **IV. Review of WIC Materials**

The counselors will be presenting classes or helping with the discussion portion of classes and need to be familiar with all the breastfeeding education materials



available at your WIC clinic. Show the counselors how WIC classes are presented. For example, show a breastfeeding video you have not previously shown and follow the lesson plan.

- Show the counselors all your materials including any videos you haven't already shown.
- Give counselors copies of the written lessons that accompany these videos.
- Give the counselors copies of any other lessons or breastfeeding materials used at your local agency.
- Give each counselor a supply of pamphlets they will be handing out to their clients:
  - "The Gift of Love"
  - "Thinking About the Baby...Think About Breastfeeding"
  - "Getting Started"
  - "Breastfeeding Crib Cards"
  - "WIC Tips"
  - "License to Breastfeed"
  - other pamphlets they will be distributing often
- Be sure the counselors know how to request more pamphlets.

## **V. Evaluation of Peer Counselor Training Session**

Pass out the evaluation forms and ask peer counselors to help you evaluate the training session. Tell them their comments are very important in helping you improve the workshop the next time you train peer counselors. Please forward any comments and suggestions for improvement of the curriculum in this manual to the Breastfeeding Peer Counselor Coordinator at the WIC State Office.

## **VI. Invitation to Graduate**

Even though the invitation for the graduation was given at the first class, repeat the time, place and welcome to family members.

This class day may seem short, but it is full of necessary details.

## **Bibliography**

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4. Reardon, Jan, & Auerbach, Kathleen, Breastfeeding and Human Lactation, Jones and Bartlett Publishers, Inc., Sudbury, Massachusetts, 1999.